

# KALAHARI COMMUNITY PROGRAM

## SPOTSYLVANIA, VA

Kalahari Resorts & Conventions in Spotsylvania, VA, is dedicated to giving back to the communities in which it resides and practicing "Ubuntu," an African word meaning "humanity to others." Thank you for the opportunity to assist your organization! We designed the Kalahari Community Program to accommodate the many donation requests received. This program is only open to non-profit organizations classified as a 501(c)(3).

The Kalahari Community Program includes a reduced room rate for two of our most popular rooms and waterpark day passes. All items are presented as certificates. To best accommodate raffles and auctions where the recipient's name is unknown, the name of the purchasing organization is listed on the certificate. Organizations may purchase up to one night of each room type and up to six (6) waterpark passes.

- **Our Double Queen Sofa Room** features two queen beds and a sofa sleeper. This room will comfortably accommodate four people and allow admission to our 175,000-square-foot waterpark for all four guests (\$175/night).
- **Our 2-Bedroom 2-Bathroom Living Room Suite** features a king bed in the master bedroom, two queen beds in the second bedroom, and a queen sofa sleeper in the living room. It also comes with three televisions and two bathrooms. This suite will comfortably accommodate up to six people and admission to the waterpark (\$250/night).
- **Waterpark Day Passes (Limit of 6).** These passes cannot be used on Saturdays and are limited to first-come, first-served at the waterpark entrance. It is advised that the recipients of these passes call ahead to the waterpark front desk to ensure the outside entrance will be available. The full restrictions and phone numbers are on each pass (\$40/day pass).

Restrictions of use for certificates include Fridays, Saturdays, holidays, holiday weekends, and specified blackout dates (see below). Certificates must be purchased by the organization distributing the certificate. The following must be submitted for your request to be considered:

- Donation Request Form
- 1 Material promoting your non-profit event. Examples: flyer, website link, social media post, invitation, a request for a donation on your organization's letterhead, etc.
- If your organization is tax-exempt from VA Sales and Use Tax, you must complete the attached form 01-399
- Credit Card Authorization Form (Required unless you are mailing in a check)

If paying with a check, please complete the Kalahari Community Program Request Form and mail the documentation to the address below. Certificates will be sent within two weeks of receiving your payment.

Please contact us if your organization is interested in our Kalahari Community Program. We will happily assist you in purchasing certificates for your non-profit cause. We look forward to hearing from you!

Best Regards,

*Alexandra Martinez*

Alexandra Martinez  
540.606.7402

[VirginiaDonations@KalahariResorts.com](mailto:VirginiaDonations@KalahariResorts.com)



**Mailing Address:**

Pre-Opening Office - Donations  
5510 Morris Road  
Spotsylvania, VA 22551

BLACKOUT DATES: All Fridays and Saturdays, New Year's Eve Week, President's Week, Spring Break Season, Easter Weekend, Memorial Day Weekend, July 4th, Labor Day Weekend, Thanksgiving Week, and Christmas Week. Other dates may be restricted due to high volume. \*Dates are subject to availability and management discretion; this offer cannot be combined with any other offers. We are not responsible for lost or stolen certificates. The resort fee and bed tax will still apply to all certificates.

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## REQUEST FORM

### Purchaser Information:

Name of Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Send Certificates to the Following Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Hotel Certificate and Waterpark Passes Purchased: Is your organization Tax-Exempt from Virginia Sales & Use Tax?

NO If no is selected, please see the "Non-Exempt" column in the Certificate request and pricing. This applies only to the Sales and Use Tax. Other taxes, such as Transient Occupancy and Lodging taxes are not exempted by the Virginia Department of Taxation.

YES If yes is selected, please see the "Exempt" column in the Certificate request and pricing and attach a completed 01-339 form with your request.

### Certificate Request: Limit of 2 Total Room Nights and 6 Waterpark Passes

	Non-Exempt	Exempt
# Double Queen Sofa Room (Sleeps 4)	\$200.00	\$190.75
# 2-Bedroom 2-Bathroom Living Room Suite (Sleeps 6)	\$285.75	\$272.50
# All-Day Waterpark Passes (Limit 6)	\$42.12	\$40.00

### Shipping Fees: Select a Shipping Method

FedEx \$15.00       FedEx Next Day Air \$50.00

### Total Amount Due:

Double Queen Sofa Room \$

2-Bedroom 2-Bathroom Living Room Suite \$

All-Day Waterpark Passes \$

Shipping Fee \$

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Total Amount Due: \$

### Payment Method: Select One

Credit Card (Credit Card Authorization Form must be attached)       Check (Must be mailed in with this form)

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## CREDIT CARD AUTHORIZATION FORM

Please complete this credit card authorization form and submit it with the donation request form. Once all forms are received, the donations coordinator will reach out via phone to get the full payment details.

**To: Kalahari Resorts & Conventions**

I, the undersigned, hereby authorize **Kalahari Resorts & Conventions** to charge my credit card the full amount of \$\_\_\_\_\_ for the certificates requested on the Donation Program Request Form.

**Name on Credit Card:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City, State, Zip Code:** \_\_\_\_\_

I understand this authorization is valid for the specified transaction amount and is non-refundable once processed. This authorization shall remain in effect until the transaction is completed. By signing below, I acknowledge and accept the terms and conditions of this credit card authorization.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR KALAHARI OFFICE USE ONLY**

A Kalahari Associate will reach out to you to get the full payment details.

Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (CVV): \_\_\_\_\_

