CHARITABLE CONTRIBUTION GROUP AMENITY CLAIM FORM

Group Booking Number

_____

Ship _____

Sail Date _____

Group Leader's Name

_____

Telephone Contact Number

_____

Name of charity/organization which check is payable to:

_____

Our program is a contribution style in which Carnival Cruise Line will contribute to the organization $4.00 per person, per day for up to two guests per stateroom.

Please provide supporting documentation by final payment of the organizations 501(c) (3) filing status of non-profit and contribution claim form.

Checks will be requested by Sailing Support upon completion of the sailing and provided that documentation has been received. Payment will be made within 21 days after the sailing returns and the check will be sent in care of your travel agency.

Carnival Cruise Line

Group Department – MSM2 200

3655 NW 87 Avenue

Miami, Florida 33178

Toll Free 800 327 5782

Email: groupsailingsupport@carnival.com