



### **Vehicle Donation Form**

\* The donor will be contacted within four business days at the latest.

Date: \_\_\_\_\_ Donor Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Vehicle Location (if different from above): \_\_\_\_\_

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

#### ***Vehicle Information:***

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License #: \_\_\_\_\_ VIN #: \_\_\_\_\_

Please check all that apply:

☐ 2-Door ☐ 4-Door ☐ Station-Wagon ☐ 4-Wheel-Drive

Does the vehicle run and drive as is? ☐ Yes ☐ No,

Explain \_\_\_\_\_

Do you have the Title? ☐ Yes ☐ No,

Explain \_\_\_\_\_

Is the Title: ☐ Clear or ☐ Salvaged

Please note problems/damage:

☐ Engine \_\_\_\_\_

☐ Trans. \_\_\_\_\_

☐ Tires \_\_\_\_\_

☐ Body \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ None \_\_\_\_\_

#### ***Special Instructions:***

\_\_\_\_\_  
\_\_\_\_\_