

Minnesota Ovarian Cancer Alliance
Vehicle Donation Form

*** Anytime someone calls to donate to your organization please complete and fax this form to MOCA at 612-825-1140**

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

Date _____

Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Mailing Address (If different than 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 _____

Please note any problems/damage:

Engine _____

Trans. _____

Tires _____

Body _____

Other _____

Special Instructions: _____