



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:*** \_\_\_\_\_