

Vehicle/Vessel Donation Form

* Please fax or email this completed form to 916-631-1328 or donation@carprogram.com

* The donor will be contacted within forty-eight hours

Date _____

Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone # _____ Alternate # _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Vehicle/Vessel Information:

Year _____ Make _____ Model _____

VIN/Hull # _____ License/CF # _____

Odometer _____ ☐ 2-Door ☐ 4-Door ☐ S/W ☐ 4WD ☐ Convertible

Does the vehicle run and drive as is right now? ☐ Yes ☐ No If no, when was the last time the car was driven? _____

Mechanical Condition _____

Describe Any Damage _____

Do you have the Title? ☐ Yes ☐ No, explain _____

Special Instructions: _____
