

Health Education Council
Vehicle Donation Form

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

Donor Information

Date:

Donor Name:

Address:

City: State Zip:

Daytime Phone #: Alternative Phone #:

Vehicle Information:

Vehicle Location:

City: State: Zip:

Year: Make: Model:

License #: VIN #:

Please check all that apply:

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

Does the vehicle run and drive as is?

Yes No, explain:

Do you have the Title?

Yes No, explain:

Please note problems/damage:

Engine:	<input style="width: 560px;" type="text"/>
Transmission:	<input style="width: 560px;" type="text"/>
Tires:	<input style="width: 560px;" type="text"/>
Body:	<input style="width: 560px;" type="text"/>
Other:	<input style="width: 560px;" type="text"/>

Special Instructions: