

# Hugs Not Drugs

## Vehicle Donation Form

\* Please complete and fax this form to 916-631-1328 or email it to [jeland@carprogram.com](mailto:jeland@carprogram.com)  
\* The donor will be contacted within four business days at the latest.

Date \_\_\_\_\_

Donor Name \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Vehicle Location \_\_\_\_\_

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

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

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

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

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