



# NAMI San Francisco

## 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 twenty-four 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:*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

