

Triad Family Services

Vehicle Donation Form

* Please complete and fax this form to Car Program at 916-631-1328.

* 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: _____