

# Hepatitis Foundation International

## Vehicle Donation Form

- \* Please complete and fax this form to Car Program (916) 631-4336
- \* If you prefer, you may email this form to [campos@carprogram.com](mailto:campos@carprogram.com)
- \* The donor will be contacted within for business days at the latest

Date: \_\_\_\_\_

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

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

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

Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

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

### Vehicle Information:

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: \_\_\_\_\_

Transmission: \_\_\_\_\_

Tires: \_\_\_\_\_

Body: \_\_\_\_\_

Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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