



Vehicle/Vessel Donation Form

*Please fax or email this completed form to 916-669-5007 or tdamiata@carprogram.com

*The donor will be contacted within 48-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 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?

Special Instructions: _____

Car Program, Inc. 3755 Omec Circle Unit #4 Rancho Cordova, CA 95742
Tel (800) 513-6560 / Fax (916) 669-5007 / info@carprogram.com