

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
- * 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: _____

Car Program LLC * 3755 Omec Circle Unit #4 * Rancho Cordova * CA 95742
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