

**Breast Friends**  
**Vehicle Donation Form**

**\* Anytime someone calls to donate to your organization please complete and fax this form to Car Program at 916-631-1328, 631-1307, or 631-4336.**

**\* The donor will be contacted within four business days at the latest.**

Date \_\_\_\_\_

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

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

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

Phone # \_\_\_\_\_ Alternative # \_\_\_\_\_

Mailing Address (If different than above) \_\_\_\_\_

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

***Vehicle Information:***

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

License # \_\_\_\_\_ VIN # \_\_\_\_\_

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:*** \_\_\_\_\_