

# Sempervirens Fund

## Vehicle Donation Form

\* Please complete and fax or mail this form to Sempervirens Fund: 650-968-0713

\* You will be contacted within four business days regarding next steps.

Date \_\_\_\_\_

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

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

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

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Vehicle Location (If different than above) \_\_\_\_\_

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:**

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