

**Adventure Christian Church**  
**Vehicle Donation Form**

\* Please complete and fax this form to Car Program at 916-631-1328.

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

Date \_\_\_\_\_

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

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

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

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

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

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