

**Nevada Cancer Institute**  
**Vehicle/Vessel Donation Form**

\* Please fax or email this completed form to 916-631-1328 or donation@carprogram.com  
\* The donor will be contacted within forty-eight 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 as is 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?  Yes  No, explain \_\_\_\_\_

***Special Instructions:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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