

ALS Association Greater Los Angeles Chapter

Vehicle Donation Form

Please fax this form to: (818) 865-8066

Donor Information

Date:

Donor Name:

Address:

City: State Zip:

Daytime Phone #: Alternative Phone #:

Vehicle Information

Vehicle Location:

City: State: Zip:

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: