



VEHICLE DONATION PROGRAM

PLEASE FAX THIS COMPLETED FORM TO 1-877-303-4936

Today's Date: _____

NAMES(S) ON TITLE			
Last Name:		First Name:	
Last Name:		First Name:	
Company Name (if donating company vehicle):			
CURRENT ADDRESS			
Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:		Cell Phone:
Email Address:			
LOCATION OF VEHICLE(S) (if different from current address)			
Alternate Location (name of the location where the vehicle is presently located):			
Alternate Address:			
Alternate City:		Alternate State:	Alternate Zip:
Contact Name:		Contact Phone:	
CONDITION OF THE VEHICLE			
Interior:			
Exterior:			
Mechanical:			
Tires: Fair Good Poor	Tires Inflated: Yes No	Accessible to Tow Truck: Yes No	Runs: Yes No
Title Number:	Title State:	Title Control Number:	
VIN:	Vehicle Color:	Mileage:	
Number of Doors:	Vehicle Year:	Vehicle Make:	Vehicle Model:
Where would you like for our towing service to leave a receipt?			
Mailbox In Door Under Mat Hand to Me Other _____			
How did you hear about our program?			

Thank you for donating to the Richmond SPCA. Please be sure to check your email for pickup and processing instructions.

