

San Francisco Bicycle Coalition Vehicle Donation Form

Please complete and fax this form to Car Program at (916) 631-1328, or email this form to info@carprogram.com. You will be contacted within 24-hours to schedule your pick-up appointment.

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: _____

Transmission: _____

Tires: _____

Body: _____

Other: _____

Special Instructions: _____
