

VEHICLE DONATION PICK-UP REQUEST



Date: _____

Donor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Vehicle Information:

Year _____ Make _____ Model _____

VIN _____ License _____ Odom. _____

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 _____

Interior:

Excellent
Good
Fair
Poor

Body Damage:

None
Front End
Rear End
Driver Side
Passenger Side

Problems:

None _____
Engine _____
Transmission _____
Tires _____
Other _____

Special Instructions: _____

Please fax to: Placer SPCA at **916-782-8655**
Or email: **administration@placerspca.com**

Call **Administration** at Ext. **106**
administration@placerspca.org

www.placerspca.org