

**Special Olympics Georgia**  
**Vehicle Donation Form**

\* Please complete and fax this form to Car Program at 916-631-1307, 631-4336 or 631-1328.  
\* The donor will be contacted within four business days at the latest.

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 \_\_\_\_\_

Trans. \_\_\_\_\_

Tires \_\_\_\_\_

Body \_\_\_\_\_

Other \_\_\_\_\_

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