

# **Meals On Wheels Association of America Car Donation Program**

**\*\*\*FAX THIS FORM TO: 1-877-303-4936\*\*\***

Today's Date: \_\_\_\_\_

## **Name(s) on Title:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
(If donating a company vehicle)

## **Current Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Location of Vehicle(s): (If different than Current Address)**

Alternate Location: \_\_\_\_\_  
(Name of the location where the vehicle is presently located)

Alternate Address: \_\_\_\_\_

Alternate City: \_\_\_\_\_ Alt State: \_\_\_\_\_ Alt Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ 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, etc.)

**How did you hear about our program?** \_\_\_\_\_

Thank you for donating to Meals On Wheels Association of America. Please watch your e-mail for pickup and processing instructions