

**Zoe Christian Fellowship Endowment Foundation**  
**Vehicle Donation Form**

\* Please complete and fax this form to Car Program at 916-631-1328, 631-1308 or 631-4336.

\* Or, if you prefer, you may email this form to us at campos@carprogram.com

\* 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:** \_\_\_\_\_