



Vehicle Donation Form

Owner Information

First Name: _____ Last Name: _____

Vehicle Location Address:

(Street Address) (City) (State) (Zip Code)

Mailing Address: *check here if same as vehicle location address*

(Street Address) (City) (State) (Zip Code)

Driver's License #: _____

Primary Phone: _____ Email: _____

Alternate Contact Name: _____ Alternate Phone: _____

Vehicle Description

Year: _____ Make: _____ Model: _____

License Plate #: _____ VIN #: _____ Odometer Reading: _____

Trim: _____ 2door or 4door Condition of Body? Excellent Fair Poor

Repairs needed? Yes No If yes please add details _____

Is Title and registration available? Yes No

Is vehicle in running condition? Yes No

Is Vehicle salvaged? Yes No Has vehicle been in a major accident? Yes No

Would you like to receive a Vehicle donation receipt? Yes No

(Receipt will be sent in mail/email within 30 days of the vehicle auction sale date)

*NOTE: At the time of the pickup the donor (owner) MUST be present and have the title to the vehicle, or have the applicable paperwork (Death, power of attorney, transfer without probate) in case the owner is deceased or unavailable.

Please email your completed Vehicle Donation Form and a clear photo of the vehicle to:
Zenaida Orellana at zorellana@sdrescue.org