

VEHICLE PICK-UP REQUEST

FROM: Charity: **Sankara Eye Foundation**

TO: Towing Co.: _____

Destination: _____ Bid \$ _____

- * Please call the donor and schedule an appointment to pick up their vehicle.
- * Please do not pick up the vehicle without a title unless specifically approved by us.
- * Please give the donor a receipt from the charity listed above.

Donor Information:

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Vehicle Information:

Year _____ Make _____ Model _____

License # _____ VIN # _____

Does the vehicle run and drive as is? Yes No _____

Vehicle Condition _____

Special Instructions: _____

Mail payment/billing with a copy of this form to:
3755 Omec Circle Unit #4 Rancho Cordova, CA 95742
Phone (800) 513-6560 Fax (916) 631-1307