



## Car Donation Form

**The donor will be contacted by SEF Office upon receiving this form.**

Date: \_\_\_\_\_

Donor Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Vehicle Location (if different from above): \_\_\_\_\_

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

**Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License #: \_\_\_\_\_ VIN #: \_\_\_\_\_

**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 \_\_\_\_\_

Is the Title:    Clear or    Salvaged

Please note problems/damage:

Engine \_\_\_\_\_

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

Tires \_\_\_\_\_

Body \_\_\_\_\_

Other \_\_\_\_\_

None

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

**Mail to: Sankara Eye Foundation, 1900 McCarthy Blvd. # 302, Milpitas, CA 95035**