

## MOWAA Car Donation Program

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

Meals On Wheels Program you wish to donate to: \_\_\_\_\_

**Name(s) on Title:**

Last Name: _____	First Name: _____
Last Name: _____	First Name: _____
Company Name: _____ <small>(If donating a company vehicle)</small>	

**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?** \_\_\_\_\_