

Keeshond Sunshine Rescue Foundation
Vehicle Donation Form

Date:

Donor's Name (name on title):

Vehicle Location:

City:

State:

Zip Code:

Phone #:

Alternate #:

Vehicle Information :

Year:

Make:

Model:

License Plate #:

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:

Please note problems/damage:

Engine:

Transmission:

Tires:

Body:

Other:

None:

Special Instructions: