



# MEALSONWHEELS <sup>®</sup>

association of america

## Car Donation Program

***Fax to: 301-599-0005***

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

Meals on Wheels Program designated for proceeds: \_\_\_\_\_

***Name(s) on Title:***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

***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: \_\_\_\_\_

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: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_