



Kidney Wheels Vehicle Donation Form

Donor Name: _____

Donor Contact Address: _____

Contact Phone: _____

Contact Email: _____

VIN No.: _____ Color: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Series: _____ Body Type: _____

Mileage: _____

Date Last Used: _____

Is Vehicle Missing Parts? _____

Missing Parts Description: _____

Is Vehicle Damaged: _____

Damage Description: _____

Condition: _____ Poor _____ Fair _____ Good _____ Very Good _____ Excellent _____ Mint

Is the Vehicle Drivable: _____

First Name on Title: _____

Second Name on Title: _____

Title State: _____

Pick Up Location (please indicate address and specific instructions, such as in garage, etc. If same as contact, indicate same as contact):

Return to: Northeast Kidney Foundation, 501 New Karner Road, Albany NY 12205 or fax to 518-458-9690. Call 518-533-7880 if you have any questions. Thank you for your support!