

Accelerated Cure Project
Vehicle Donation Form

- Please complete and fax this form to 781-487-0009.
- You will be contacted within four business days at the latest.
- Call 781-487-0008 or email info@acceleratedcure.org if you have questions

Date _____

Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Mailing Address (if different) _____

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 _____

Please note problems/damage:

Engine _____

Trans. _____

Tires _____

Body _____

Other _____

None

Special Instructions: _____