

VEHICLE DONATION FORM

Is the vehicle registered in the State of Virginia? () Yes () No If not, where: _____

Will the Title and registration be available when we pick up the vehicle? () Yes () No

Is the Title clear? () Yes () No Will the vehicle pass State Inspection? () Yes () No

Please fill out the information below:

Donor's Legal Name: _____

Phone #: _____ Email: _____

Pick-up Address: _____

City: _____ State: _____ Zip Code: _____

Is your mailing address the same as pick-up address? () Yes () No

If not, Mailing Address: _____

City, State, Zip Code: _____

Vehicle Information:

Vehicle Type: _____ Body Style: _____ Color: _____

Year: _____ Make: _____ Model: _____

Mileage: _____ VIN: _____ License Plate #: _____

Value \$: _____ Vehicle Condition: _____ Does the vehicle run? () Yes () No

Engine Condition: _____ Interior Condition: _____ Tire Condition: _____

Transmission Condition: _____ Body Condition: _____

Comments or problems with the vehicle: _____

Today's Date: _____

Mail this form to: **New River Abortion Access Fund, P.O. Box 10701, Blacksburg, VA 24062**

Or send us an email with the requested information: **info@newriverabortionfund.org**

Once we receive the vehicle donation form, someone will contact you to arrange a pick-up date and time. A tax form and a tax-deductible donation receipt will be sent to you after your donation is complete. Please keep a copy of this form for your records and as a temporary receipt.

For additional information, see the IRS Donation Guide 4303: A Donor's Guide to Car Donations (<https://www.irs.gov/pub/irs-pdf/p4303.pdf>)

Thank you for donating your vehicle to the New River Abortion Access Fund.