



# DESERT SAMARITANS FOR THE ELDERLY

*"Enhancing Quality of Life for the Elderly.... Today and Tomorrow"*

## Vehicle Donation Form

### Instructions:

Please complete and return this form (via fax, email, or mail) to Desert Samaritans for the Elderly.

Date \_\_\_\_\_

Donor Name  
\_\_\_\_\_

Mailing Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Vehicle Location (If different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Vehicle Information:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # \_\_\_\_\_ License # \_\_\_\_\_

Please check all that apply:

2-Door  4-Door  Station-Wagon  4-Wheel-Drive

Does the vehicle run and drive as is?  Yes  No

If No, please explain \_\_\_\_\_

Do you have the Title?  Yes  No

If No, please explain \_\_\_\_\_

Please note any problems/damage:

Engine

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Transmission

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Tires

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Body

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Other

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***Special Instructions:***

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