



MEALS on WHEELS AMERICA

FAX THIS FORM TO: 1-877-303-4936

Today's Date: _____

Proceeds to Benefit: _____

(Indicate Meals on Wheels Program)

Name(s) on Title:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Company Name: _____
(If donating a company vehicle)

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: _____
(Name of the location where the vehicle is presently located)

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: _____

Where would you like for our towing service to leave a receipt?

(Mailbox, in door, under mat, hand to me, etc.)

How did you hear about our program? _____

Thank you for donating to Meals on Wheels America. Please watch your e-mail for pickup and processing instructions