



**HIRSHBERG FOUNDATION  
FOR PANCREATIC CANCER RESEARCH**

Federal Tax Identification Number is #95-4640311

**Vehicle Donation Form**

Please complete and fax this form to the Hirshberg Foundation at (310) 473-5107. The donor will be contacted via telephone within four business days.

Date \_\_\_\_\_

Donor's First Name \_\_\_\_\_ Donor's Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Vehicle Information:**

Vehicle Location \_\_\_\_\_

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

License Plate \_\_\_\_\_ VIN \_\_\_\_\_

Is the vehicle drivable as is? Yes No, explain \_\_\_\_\_

Do you have the Certificate of Title? Yes No, explain \_\_\_\_\_

Please note any problems/damage:

Body \_\_\_\_\_

Interior \_\_\_\_\_

Other \_\_\_\_\_

**Special instructions or comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_