

Neurofibromatosis Northeast - Vehicle Donation Program

Please fill out the form below and fax it to the NF Office at 781-272-9937

If information is received by 2PM the donor will be contacted for free next day pickup.

Date _____

Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Vehicle Information:

Year _____ Make _____ Model _____

VIN # _____

Please check all that apply: 2-door 4-door Station wagon SUV 4-Wheel drive

Does the vehicle run and drive as is? Yes No, explain _____

Do you have the title? Yes No, explain _____

Please note any problems/damage:

Engine _____

Trans. _____

Tires _____

Body _____

Other _____

Special instructions: _____
