



BERKSHIRE HUMANE SOCIETY **VEHICLE DONATION FORM**

Please complete this form and return it to Berkshire Humane Society. Once received, you will be contacted within four (4) business days. Thank you for your donation.

Date _____ Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone _____ Alternative _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____

License # _____ VIN # _____

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 _____

Tans. _____

Tires _____

Body _____

Other _____

SPECIAL INSTRUCTIONS