



Cystic Fibrosis Research, Inc
Vehicle Donation Form

Date _____

Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Mailing Address (If different than 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, explain _____

Do you have the Title? Yes No, explain _____

Please note any problems/damage:

Engine _____

Trans. _____

Tires _____

Body _____

Other _____

Special Instructions: _____

Please email, fax or mail to:
Cystic Fibrosis Research, Inc., 2672 Bayshore Parkway, Suite 520, Mountain View, CA 94043
Phone: (650) 404-9975, Fax (650) 404-9981 or cfri@cfri.org