



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 (pink slip)? Yes No, explain _____

Please note any problems/damages:

Engine _____

Transmission _____

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

