



St. Mary's Hospital
Vehicle Donation Form

Date _____

Donor Name _____

Phone # _____ Alternative # _____

Vehicle Location _____

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 problems/damage:

Engine _____

Trans. _____

Tires _____

Body _____

Other _____

None _____

Special Instructions: _____

Please Return Vehicle Donation Application to: St. Mary's Hospital
FOUNDATION OFFICE
350 Boulevard
Passaic, NJ 07055
Main Number: 973-365-4300

A representative will contact you to confirm receipt of your application. Thank you.