

Vehicle Donation Information Submission

Please Print Clearly

Fax to: (650) 685-8428 Attn: Steven Peno

Vehicle Owner/Do	nor Information			
Name of Registered Ov	wner of vehicle			
Name of person to con	tact (if different), and relationship	o		
Owner's address				
Address where car is lo	ocated (if different)			
Contact's home phone	#			
Contact's work phone #	#			
Which is the best phon	e number to reach you?			
Email				
	Make		Body Style Do you have the title? □Yes	
			□No If no, how much is due?	
Check all that apply:	☐Automatic ☐Manual (4spee	d/5speed) \square 2 Door	□4 Door □Other	
•	•			
	ld know? (quirks, work needed, s			
			,	

Thank you for thinking of the animals! We will contact you as soon as possible upon receipt of your information. Fax to 650-685-8428, or email the information from this form to speno@phs-spca.org.