



Vehicle Donation Program

Donors Name: _____

Address: _____

City, State, Zip: _____

Home Phone #: _____ Work #: _____

Vehicle Information

| | | | | |
|--|------|---|---|---|
| MAKE | YEAR | MODEL | BODY TYPE | COLOR |
| VEHICLE IDENTIFICATION NUMBER | | | DO YOU HAVE TITLE? YES <input type="checkbox"/> NO <input type="checkbox"/> | ISSUING STATE |
| ADDRESS | | | CITY | STATE |
| IS VEHICLE ON STREET? IN GARAGE? IS VEHICLE BLOCKED? IS VEHICLE DRIVEABLE? ARE THERE LOW WIRES, TREE LIMBS, FENCES, SEPTIC SYSTEMS, LAWNS, ETC. THAT COULD OBSTRUCT VEHICLES? PLEASE DESCRIBE. | | | | |
| ARE THERE ANY FLAT TIRES? FRONT: YES <input type="checkbox"/> NO <input type="checkbox"/> REAR: YES <input type="checkbox"/> NO: <input type="checkbox"/> | | IS THERE ACCESS FOR A TOW TRUCK? YES <input type="checkbox"/> NO <input type="checkbox"/> IS THERE ACCESS FOR A FLAT BED TRUCK? YES <input type="checkbox"/> NO <input type="checkbox"/> | | ARE THERE DOGS ON PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IS DOG ON A CHAIN? YES <input type="checkbox"/> NO <input type="checkbox"/> |

Pick-up Information – Name of Contact

| | |
|--|--------------|
| PERSON TO CONTACT ABOUT VEHICLE | HOME PHONE # |
| WHEN IS THE BEST TIME TO CONTACT ABOVE PERSON? | WORK PHONE # |
| DIRECTIONS FROM THE NEAREST MAIN ROAD OR HIGHWAY | |

Signature: _____ Date: _____

Please return completed form and copy of title to:

Les Turner ALS Foundation
 5550 W. Touhy Avenue, Ste. 302 Skokie, IL 60077
 Phone: 847 679 3311 Fax: 847 679 9109 Email: info@lesturnerals.org

The IRS requires the Les Turner ALS Foundation to maintain a comprehensive record of your vehicle donation including your social security number. If you are claiming more than \$500 for your vehicle, the IRS will allow you to claim the gross proceeds from the Les Turner ALS Foundation's sale of your vehicle (gross proceeds exclude towing expenses or other fees). If you are claiming up to \$500, the IRS will allow you to arrive at that figure on your own.