



Vehicle Donation Program

Donors Name: _____ Social Security Number _____

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

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

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.