

**Urban College of Boston
Vehicle Donation Form**

Please complete and fax this form to Dina Roberts at 617-348-6224

Or, if you prefer you may email this form to Ms. Roberts at droberts@urbancollege.edu

The donor will be contacted within four business days at the latest

*Required fields to complete

*Date: _____

*Donor Name: _____

*Mailing Address: _____

*City: _____ State: _____ Zip: _____

*Phone #: _____ Alternative #: _____

*Vehicle Location *(if different than above)* _____

*City: _____ State: _____ Zip: _____

Vehicle Information:

*Year _____ Make _____ Model _____

*VIN #: _____ License #: _____

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 any problems/damage:

Engine: _____

Trans.: _____

Tires: _____

Body: _____

Other: _____

Special Instructions: _____

Please send information to:

Dina Roberts, Director of Institutional Advancement

Urban College of Boston

178 Tremont Street

Boston *MA 02111

tel. (617) 348-6224 * fax (617) 423-4758 * e-mail:

droberts@urbancollege.edu