

National MS Society Ohio Buckeye Chapter  
Vehicle Donation Form

Date \_\_\_\_\_

Donor Name \_\_\_\_\_

Vehicle Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

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 any problems/damage: \_\_\_\_\_

Engine \_\_\_\_\_

Trans. \_\_\_\_\_

Tires \_\_\_\_\_

Body \_\_\_\_\_

Other \_\_\_\_\_

Special Instructions: \_\_\_\_\_

National Multiple Sclerosis Society, Ohio Buckeye Chapter,  
6155 Rockside Road, Suite 202, Independence, OH 44131.  
Please fax to: 216-696-2817 or email to: [webmaster@nmssoha.org](mailto:webmaster@nmssoha.org)