

Mississippi Kidney Foundation, Inc.
3000 Old Canton Rd., Suite 100, P. O. Box 55802, Jackson, MS 39296
(601) 981-3611 (601) 981-3612 (fax)

Donor Information Sheet

Complete only the top portion of form; return entire form with your title in enclosed envelope.

Donor Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Is **title** in your possession? _____ Is **title** free and clear? _____

Name on the **title**: _____ (Except in rare circumstances, name on front of title should be the same as the donor.)

ID/VIN# _____ Odometer Reading: _____

Running? _____ Missing Parts: _____ Problems: _____

How did you hear of the program? _____

Pick-up Information

Place of pick-up, including exact location of the auto and directions: _____

Are all four tires aired up? _____ If not, can they be? _____

May we pick up your vehicle if no one is home? _____

Where will you leave the keys? _____

Special instructions regarding pick-up: _____

Questions should be directed to the Mississippi Kidney Foundation, Inc., at 601-981-3611.

For Mississippi Kidney Foundation, Inc., use only:

Title sent to: _____ by: _____ Date: _____

Pick up order sent to: _____ by: _____ Date: _____

Auto to be taken to: _____
