



Main Office
8030 W. Emerald Street
Suite 175
Boise, ID 83704
208-345-5864
Fax: 208-345-5896

www.lungidaho.org

1-800-Lung-USA
(1-800-586-4872)

**Improving Life,
One Breath
at a Time.**

Vehicle Donation Program *Procedures*

Thank you for considering donating your vehicle to the American Lung Association of Idaho. Please follow the instructions below:

Is your car eligible to donate?

To be eligible:

- You must have a title to the vehicle and it must be unencumbered by a lien.
- Vehicle must be towable – all 4 tires must be inflated.
- Vehicle shouldn't have any major parts missing.
- Vehicle must be in a location that is accessible to a tow truck.
- *Vehicle does not have to run.*

Automobiles not accepted:

- 1987 – 1993 Ford Taurus and Ford Tempo, due to widespread transmission problems.
- 1987 – 1993 Mercury Sable and Mercury XX, due to widespread transmission problems.
- Auto that have been in a major accident.
- Autos that are on jacks.
- Autos with no keys.

1. Complete Donor Application and sign (as name appears on the title).
2. Complete the Power of Attorney form and sign (as name appears on the title). This gives us the legal right to make corrections to your title without having to go back to you for signatures, etc.
3. Fill out the **vehicle title** in the following manner:
Under **Assignment of Title**
 - “Date Sold” and “Selling Price” **leave blank**
 - “Sellers/Representative's Printed Name” **complete** (as name appears on the title)
 - “Sellers/Representative's Signature” **complete** (as name appears on the title)
 - “Purchaser's Name” **leave blank**
4. Detach the Release of Liability Form from the title and follow instructions for completion found on the reverse side of the form.
5. Send Donor Application, Power of Attorney, and your **signed title** to American Lung Association of Idaho, 8030 W. Emerald St. Ste 175, Boise, ID 83704.
6. After we receive the paperwork we will contact you to set up a date to pick up the vehicle. Once sold, you will receive a receipt showing the amount we received for your vehicle. *Your vehicle donation is tax deductible as a charitable contribution.*

If you have any questions, please contact us at 208-345-5864.

AMERICAN LUNG ASSOCIATION *of Idaho*



Vehicle Donation Program Donor Application

Donation Date _____

Name(s) _____

Signature _____

Vehicle Make _____ Model _____

Year _____ Color _____ Number of Doors _____

Vehicle ID Number _____

Donor does hereby donate to the American Lung Association of Idaho the proceeds of the vehicle.

Mailing Address _____

City _____ State _____ Zip _____ County _____

Daytime Telephone _____ Alternate Telephone _____

Social Security Number(s) _____ I refuse to provide my SS#.

To receive a tax deductible receipt, you must provide your social security number(s); IRS requirement.

Odometer reading _____ Last month/year registered ____ / ____

Is vehicle intact? _____ Is vehicle damaged? _____ Please describe damage _____

Does vehicle have 4 operable tires? _____ Does engine run? _____ Is vehicle drivable? _____

If not, why? _____ Tow truck accessible? _____

Where is vehicle located? _____

Comments _____

How did you hear about our Vehicle Donation Program?

I am a Previous Donor Idaho Statesman Boise Weekly ALA website

Internet Friend/Relative Repair Shop Radio Billboard

Power of Attorney

Idaho Transportation Department



See instructions below for exercising power of attorney

Vehicle or Hull Identification Number (VIN/HIN)		Title Number
Year	Make	Model

Know all men by these presents that the undersigned does hereby appoint:

Business or Individual Name American Lung Association of Idaho				
Address 8030 W Emerald St. Ste. 175		City Boise	State ID	Zip 83704
As my/our attorney to endorse, release, or transfer all registration and ownership documents required by Idaho statutes for the above-described vehicle; and to give full discharge for same, granting to said attorney full power of substitution and revocation, hereby ratifying and confirming all that said attorney or his substitute shall do or cause to be done by virtue hereof.				
Authorized Signature X		Printed Business or Individual Name		
Authorized Signature X		Printed Individual Name		
Address		City	State	Zip+4
				Date