

## **Wheels for Wellness**

www.supportsierranevada.org | infosnmhf@dignityhealth.org | (530) 477-9700

Date:		S	taff: _						
Contact Name:									
Address:									
Phone:		Er	nail: _						
Where is the vehicle?									
Year: Make:									
Is the vehicle running? Yes:		_ No: _							
How did you hear about the progr	am?								
Condition: (1 poor / 10 new) 1	2	3	4	5	6	7	8	9	10
Additional Information:									
DEALER CONTACT: Jake Bronson at Bronson Motors Cell: (510) 701-2282 Email: bronsonmotors@comcast.net									Trucks Boats Airplanes RV's
	ncast.m	et	_					L	
OFFICE USE ONLY: Follow			$\neg$	OFFI	CE US	E ON	LY: Ad	ditiona	
OFFICE USE ONLY: Follow 1) Fill out form			$\neg$	OFFI	ICE US	SE ON	<b>LY:</b> Ad	ditiona	
	These Sto	eps		<b>OFF</b> I	ICE US	SE ON	<b>LY:</b> Ad	ditiona	
<ol> <li>Fill out form</li> <li>Scan a copy and send to Jake</li> </ol>	These Stee Bronsor tor	eps n imme	edi-	<b>OFF</b> I	ICE US	SE ON	LY: Ad	ditiona	

5) Donation Accepted: Yes / No

6) Additional Paperwork