



Sierra Nevada Memorial
Hospital Foundation

Wheels for Wellness

www.supportsierranevada.org
530-477-9700

Date _____

Staff _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Email _____

Where is the vehicle? _____

Year _____ Make _____ Model _____

Running? YES _____ NO _____ Approximate Mileage _____

How did you hear about the program? _____

Condition **(1 poor / 10 new)** 1 2 3 4 5 6 7 8 9 10

Notes/Comments: _____

We do not take everything, so please let the donor know you will have Jake Bronson our representative / champion make the decision on what is possible.

Someone from Bronson Motors will contact the donor within 48 hours.

DEALER CONTACT: Jake Bronson—Bronson Motors
Cell: 510-701-2282
Email: bronsonmotors@comcast.net

Cars
Trucks
Boats
Airplanes
RV's

OFFICE USE ONLY— follow these Steps:

- ◇ Fill out form
- ◇ Scan a copy and send to Jake immediately / copy KP & KL
- ◇ Scan to Wheels for Wellness folder / add CRM interaction
- ◇ Date stamp original & put in KP's in box
- ◇ Accepted YES _____ NO _____
- ◇ Additional paperwork?

OFFICE USE ONLY—Additional Notes

