



CAR DONATION FORM

Contact

Contact First Name: _____

Contact Last Name: _____

Address:

Phone #: _____

Email Address: _____

Donor's Information (if different from Contact)

First Name: _____

Last Name: _____

Address:

Vehicle Information

Year: _____ Make: _____ Model: _____

License Plate (if known): _____

VIN (if known): _____

Car's Condition: _____

Do you have the title? Yes No

Location of car (if different from donor's address):

Additional Notes: