



Stock #

## Vehicle Donation Form

- \* If Charity is filling out this form please fax it to Cars For Charity at 503-760-6043
- \* The donor will be contacted within two business days at the latest.

Date \_\_\_\_\_ Designated Charity \_\_\_\_\_

Donor Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Vehicle Location (If different than above)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### ***Vehicle Information:***

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # \_\_\_\_\_ License # \_\_\_\_\_

Please check all that apply:     2-Door     4-Door     Station-Wagon     4-Wheel-Drive

Does the vehicle run and drive as is?     Yes     No, explain \_\_\_\_\_

Do you have the Title?     Yes     No, explain \_\_\_\_\_

Please note any problems/damage:

Engine \_\_\_\_\_

Trans. \_\_\_\_\_

Tires \_\_\_\_\_

Body \_\_\_\_\_

Other \_\_\_\_\_

***Signature:*** \_\_\_\_\_

***Special Instructions:*** \_\_\_\_\_

\_\_\_\_\_