



"Changing lives, one car at a time!"

CAR DONATION REFERRAL FORM

Donor Contact Information:

Name:	
Phone #:	
Address:	

Vehicle Donation Details:

<u>YEAR:</u> _____	<u>MAKE/MODEL:</u> _____
<u>COLOR:</u> _____	<u>Mileage:</u> _____
<u>VIN#:</u> _____	
<u>INSTRUCTIONS/PICKUP LOCATION/COMMENTS:</u> _____	
<u>CONDITION?</u> <i>(choose only one:)</i>	
Scrap/Salvage <input type="checkbox"/> Needs Costly Repairs <input type="checkbox"/> Runs/Few Issues <input type="checkbox"/> Runs/No Problems <input type="checkbox"/>	
Excellent Condition <input type="checkbox"/>	
<u>HAVE CLEAR TITLE?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please email completed form to cclinfo@cclvanp.org. You will be contacted by phone so that we can obtain more information about the vehicle and whether or not it needs to be towed. Thank you.