



VEHICLE DONATION CONTRACT

We sincerely appreciate your donation. Please fill out the following information.

Once we have received your vehicle and title, we will mail your tax-deductible donation receipt.

Thank you in advance for your very generous donation.

Contact Information

Name _____

Address _____

Daytime Phone _____

Cell Phone _____

Email Address _____

How did you hear about SICSA'S Car Donation Program?

Vehicle Information

Year
Make

Model
Color

VIN (if available) _____
Mileage (if known) _____

Name on Title _____
Vehicle Type
 2 Door 4 Door Other

Title Available? Yes No

Running? Yes No k

Can drive 20 miles? Yes No

Body Condition: Good Fair Poor

Mechanical Condition (check all that apply)

- Runs and Drives - No Major Problems
- Runs with a jump
- Needs transmission work
- Needs alternator/starter
- Needs fuel pump
- Motor knocking
- Electrical problems
- Overheating
- Exhaust problems
- Head gaskets problems
- Will not start, problem unknown
- Other - please specify in field below
- Mechanical Needs (max 200 characters)

Other Comments:

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