

Auto Sales Donated Vehicle Information

Date: _____ Donor's Name: _____

Phone: _____ Other Contact: _____

Address: _____

Drive In

Pick Up:

▪ Date _____

▪ Time _____

Vehicle At Above Location

Other Location: _____

How did you hear about us?

Previous Donor

Mail

Media

Other _____

Year: _____ Make: _____ Model: _____ Color: _____

Type: LS, EX, _____ Engine: V6, 4cyl. _____ Mileage: _____

How long has it been sitting? _____

Does It...?

Crank _____

Need Tires _____

Have Motor/Transmission Issues _____

Have Body Damage _____

Have Cracked/Busted Windows _____