



## The Arc Car Donation Program

**Fax to: 301-599-0005**

Date: \_\_\_\_\_

The Arc Chapter designated for proceeds: \_\_\_\_\_

**Name(s) on Title:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Current Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Location of Vehicle(s): (If different than Current Address)**

Alternate Location: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Alternate City: \_\_\_\_\_ Alt State: \_\_\_\_\_ Alt Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Condition of the Vehicle:**

Interior: \_\_\_\_\_

Exterior: \_\_\_\_\_

Mechanical: \_\_\_\_\_

**Tires:** Fair Good Poor **Tires Inflated:** Yes No **Accessible to Tow Truck:** Yes No **Runs:** Yes No

Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_ Title Control Number: \_\_\_\_\_

VIN: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_ Mileage: \_\_\_\_\_

Number of Doors: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_