Date:			Ch	nne
Car Ref #	(for internal use only)	OII 41	90
Donor Informatio	on			
Circle Salutation: Ms. /	Mr. / Mrs.			
Donor Name(s) as it appe	ars on title:			_
Donor Address (for tax do	ocuments) :			_
City:	State: Zip Cod	e:		
Best Contact Phone#: _	Ema	il :		
Vehicle Location				
Circle if vehicle location is	s same as address above: Y	ES / NO		
Vehicle location name:		Pho	ne:	
Address:				
City:	State:	Zip Code :		
	(ie: backyard,alley,driveway , ;			
14				
Car/Other Vehicl	e Information			
Year: Make	Model		_Color	
Mileage:	VIN#			
Circle if donor is original	owner: YES / NO	Circle if car is: 4V	VD/ AWD/ FWD/RWD	2DR/4DR
Circle if car is: Stick/Au (if applicable)	uto Runs/Does Not Run	Does the owner hav	ve: Keys / Title/ Li	en Release
	3.00			

VEHICLES FOR

*** Please mail completed form to Vehicles for Change, 4111 Washington Blvd., Halethorpe, MD 21227

Marketing Information	
Where did you hear about Vehicles for Change:	

Secondary Source

Partner Name