



*The Arc Car Donation Program*

Fax to: 301-599-0005

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

The Arc Chapter designated for proceeds: California – Contra Costa ARC

*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: \_\_\_\_\_

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

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

*Condition of Vehicle:*

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

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

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

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

Title/Lic. Number: \_\_\_\_\_ Title/Lic. State: \_\_\_\_\_ Title Control Number: \_\_\_\_\_

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

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

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

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