

**Arc of Contra Costa**  
**Vehicle Donation Form**

Please fill out this form and fax it to CAR Program, Inc. at 916-631-1328.

Or fax it to Heather Haworth at 510-233-2435 or

mail to: CSS-Richmond 1420 Regatta Blvd., Richmond, CA 94804, Attn: Heather

Please call (510-233-7303) or email ([HHaworth@ARCOFCC.org](mailto:HHaworth@ARCOFCC.org)) Heather with any questions or to check on your status if you do not hear from Car Program within 4 business days. **THANK YOU!**

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

Donor Name: \_\_\_\_\_

Vehicle Location (address): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

**Vehicle Information:**

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

License Plate #: \_\_\_\_\_ VIN #: \_\_\_\_\_

Place an **X** in the box next to each that apply:

2-Door  4-Door  Station Wagon  4-Wheel Drive

Does the vehicle run and drive as is? Yes  No  Explain: \_\_\_\_\_

Do you have the title? Yes  No  Explain: \_\_\_\_\_

**Please note any problems/damage:**

Engine: \_\_\_\_\_

Transmission: \_\_\_\_\_

Tires: \_\_\_\_\_

Body: \_\_\_\_\_

Other: \_\_\_\_\_

**Special instructions for contacting you/pickup:**