

The Black Coalition on AIDS
Vehicle Donation Form

* You will be contacted by the Car Program within four-to-five business days.

Date _____

Donor Name _____

Vehicle Location _____

City _____ State _____ Zip _____

Phone # _____ Alternative # _____

Vehicle Information:

Year _____ Make _____ Model _____

License # _____ VIN # _____

Please check all 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 problems/damage:

Engine _____
Trans. _____
Tires _____
Body _____
Other _____
None _____

Special Instructions:

