



DATE: \_\_\_\_\_

DONATION TYPE:  INDIVIDUAL  BUSINESS

**CONTACT INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**VEHICLE INFORMATION**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

VEHICLE CONDITION: \_\_\_\_\_

ESTIMATED FAIR MARKET VALUE \$ \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR CAR DONATION PROGRAM?

\_\_\_\_\_

Please email this completed form to Sara Greenberg at [sarag@minnesotajcc.org](mailto:sarag@minnesotajcc.org)

