VEHICLE DONATION FAX FORM

Fax to: Center for Living and Learning – 800-442-1094

Your Name _____
Street Address _____
City, State, Zip _____

Car Location (if different from above address) _____
_____

Daytime Phone Number _____
Alternate Daytime Phone Number _____
Evening Phone Number _____
Fax Number _____

Email Address _____

How did you find out about our organization? _____
_____

IMPORTANT:

1. **DO *NOT* SIGN YOUR VEHICLE TITLE.**
2. **DO FAX A COPY OF BOTH THE FRONT AND BACK OF THE VEHICLE TITLE WITH THIS COVER SHEET. (WE NEED THIS INFORMATION TO EXPEDITE THE DONATION AND ENSURE THAT WE ARE WORKING WITH THE RIGHT PROCEDURES FOR YOUR STATE AND VEHICLE.)**