



The Arc Car Donation Program

Fax to: 301-599-0005

Date: _____

The Arc Chapter designated for proceeds: _____

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: _____

Alternate City: _____ Alt State: _____ Alt Zip Code: _____

Contact: _____ Contact Phone: _____

Condition of the Vehicle:

Interior: _____

Exterior: _____

Mechanical: _____

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

Title Number: _____ Title State: _____ Title Control Number: _____

VIN: _____ Vehicle Color: _____ Mileage: _____

Number of Doors: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

How did you hear about our program? _____