



www.goodwillsouthernaz.org 520-623-5879

Vehicle Donation Form

Name: _____

Address: _____

Main Cross Streets: _____

Phone: _____

Social Security Number: _____

How did you hear about us? _____

Vehicle Information:

Clear Title? Yes No If no, we will need a lien release.

Year: _____

Make: _____

Model: _____

License Plate Number: _____

Condition of Interior: Good Fair Bad

Condition of Exterior: Good Fair Bad

Does the car run? Yes No

If the car does not run, please explain mechanical issue:

Signature: _____ Date: _____

GOODWILL USE:

Date Called: _____ Towing Company Called: _____ Pick up Time: _____