



Catholic Exchange

Your Faith • Your Life • Your World

Car Donor Info:

First Name _____

Last Name _____

Address _____

City _____

State _____ Zip _____

Daytime Phone () _____

Alternate Phone () _____

E-Mail _____

Check here if vehicle location is same as Donor address above. If different:

Address _____

City _____

State _____ Zip _____

Vehicle Information:

Year _____

Make _____ Model _____

License Plate _____

State _____

VIN # _____

Damage to Body (Describe):

Damage to Interior (Describe):

Is your vehicle drivable as is? If not, please explain.

Do you have the Certificate of Title? If not, please explain.

Mileage, Special Instructions or Other Comments

Please Fax to (760) 635-1132

Thank you for your donation!