



CALLING ALL CARS DONOR INFO

Name: _____ SS# _____ Date: _____

Telephone: _____ Alternate Telephone: _____

Fax Number: _____ Email: _____

Address: _____

Make and Model of Car: _____ Year: _____

Current Mileage: _____ 2-Door 4-Door

Approximate Value: _____ Standard Transmission Automatic

VIN #: _____

Any liens on the vehicle? Yes No Is the title in your name? Yes No

Where is the vehicle located? _____

Are you able to deliver it to WSS? _____

Condition: Excellent Good Poor

Please note condition of each of the following, including any recent service or replacement.

Please note repair cost estimates if possible. *We give donated vehicles to families or individuals with financial need, so we look for vehicles in good running condition that are not in need of significant repair.*

Brakes: _____

Tires: _____

Battery: _____

Glass: _____

Exhaust: _____

Oil: _____

Engine/Transmission: _____

Body: _____

Other Mechanical Problems/Concerns: _____

When the car was last started? _____ Driven? _____

*Note: We have a local mechanic that takes a quick look at all vehicles
Please return this information to Women's Support Services, and we will call you.*

Thank you for considering us for your donation!