TACT Vehicle Donation Form

Donor Information

First Name: _____

Last Name: _____

Address: _____

Address Line 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Vehicle Information

Vehicle Identification Number (VIN): _____

Vehicle Mileage: _____

Certificate of Title Number: _____

State Where Vehicle is Titled: _____

Name Listed on Title: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Color: _____

Vehicle Condition

Does the Vehicle Run/Start? ☐ Yes ☐ No

Is the Vehicle Driveable? ☐ Yes ☐ No

Do You Have a Vehicle Appraisal Completed? ☐ Yes ☐ No

Additional Information

Is there a lien on the vehicle? ☐ Yes ☐ No

Vehicle Location (if different from donor address): _____

Best Time for Vehicle Pick-Up: _____

Keys Available? ☐ Yes ☐ No

Vehicle License Plate Number: _____

How did you hear about TACT's Vehicle Donation Program? _____

Additional Comments

_____

_____

_____

_____

Donor Signature

Signature: _____

Date: _____

Thank you for supporting TACT (Teaching the Autism Community Trades).