

Car Donation Form

Contact Information

First Name: _____ Last Name: _____

Business Name (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Is the vehicle located at the address above: Yes or No (circle one)

If not: The car is located at: _____

Car Information

Year of Vehicle: _____ Color: _____

Make/Model of Vehicle (Ex: Ford/Taurus): _____

Vin Number (if available): _____

Mileage: _____

Do you have the Title: Yes or No (circle one)

Is it running: Yes or No (circle one)

Questions/Comments: _____

How did you hear about our car donation program? _____



Community is our
middle name.

Jewish Community Center of Northern Virginia
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