

Vehicle Donation Form

| Date: | |
|-----------------------------|-------------|
| Charity: Dollars for Schola | |
| Donor Information: | |
| Donor Name: | |
| Mailing Address: | |
| City: State: _ | Zip: |
| Home Phone: | Cell Phone: |
| Email: | |
| Vehicle Information: | |
| Year: Make: | Model: |
| VIN #: | Mileage: |
| Title Available: | Drivable: |