



AUTO DONATION FORM

Today's Date: _____

Preferred Pick-up Date and Time: _____

Phone: _____

Title (Mr / Mrs.): _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Where did you hear about HireLevel Auto?: _____

First Donation (Yes / No)?: _____

Vehicle Year: _____

Vehicle Make: _____

Vehicle Model: _____

Do you have the Title (Yes/No)?: _____

NOTE: Title must be signed at the time of pick-up unless previously notarized.

Drivable (Yes / No)?: _____

Any Known Issues?:

