



PETER & PAUL COMMUNITY SERVICES
Solving Homelessness Together

PPCS CAR DONATION PROGRAM

DONOR & VEHICLE INFORMATION

Name _____ Social Security # _____

Name _____ Social Security # _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell _____

Would you like the towing information and initial receipt e-mailed? (Circle One) YES NO

Email Address _____

DONOR & VEHICLE INFORMATION

Vehicle Year/Make/Model _____ Vehicle Color _____

Does the vehicle run? (Circle One) YES NO Mileage _____
(Exact mileage required for vehicles 10 yrs old or newer)

Please list any problems or recent improvements:

Pick up location if different than above address:

Contact _____ Phone _____

How did you hear about our program?

- Radio _____
- Previous Car Donor _____
- Website _____
- Newsletter _____
- Flyer _____
- Other _____