



CAR DONATION FORM

CONTACT INFORMATION

First Name: _____ Last Name: _____

Business Name (optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

Is the car located at the address above? Yes or No (circle one)

If not: the car is located: _____

VEHICLE INFORMATION

Year of Vehicle: _____ Color: _____

Make/Model of Vehicle (e.x. Ford/Taurus): _____

VIN Number (if available): _____

Mileage: _____ Is the car running? Yes or No (circle one)

Questions/Comments: _____

How did you hear about our car donation program? _____

Would you like to be added to our electronic mailing list? Yes or No (circle one)

Please email this completed form to Michelle Pearlstein

Michelle.Pearlstein@thej.org or 703.537.3033.

Thank you for your donation!

Pozez Jewish Community Center of Northern Virginia

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Partner Agency of
The Jewish Federation
OF GREATER WASHINGTON

