



CALLING ALL CARS DONOR INFO

Name: _____ Date: ____/____/____

SS#: _____ Email: _____

Telephone #: _____ Alt. Telephone #: _____ Fax #: _____

Address: _____

I would like my donation to remain anonymous: YES NO

Make and Model of Car: _____ Year: _____

Current Mileage: _____ 2-Door 4-Door VIN # _____

Approximate Value: _____ Standard Transmission Automatic

Any liens on the vehicle? YES NO Is the title in your name? YES NO

Where is the vehicle located? _____

Are you able to deliver it to Project SAGE? _____ Condition: EXCELLENT GOOD POOR

Please note the condition of each of the following, including any recent service or replacement. Please note repair cost estimates if possible. We give donated vehicles to families or individuals with financial need, so we look for vehicles in good running condition that are not in need of significant repair.

Brakes: _____

Tires: _____

Battery: _____

Glass: _____

Exhaust: _____

Oil: _____

Engine/Transmission: _____

Body: _____

Other Mechanical Problems/Concerns:

When the car was last started? _____ Driven? _____

Note: We have a local mechanic who inspects all vehicles.

PLEASE RETURN THIS APPLICATION TO:

Project SAGE: PO BOX 717, LAKEVILLE, CT 06039 **OR** FAX IT TO: 860-364-5767

Thank you for considering us for your donation!