

JEWISH COMMUNITY CENTER OF NORTHERN VIRGINIA

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, mail or fax this completed form to Michelle Pearlstein
Michelle.Pearlstein@jccnv.org or 703.537.3033
or drop it off at the front desk the next time you are at the J.
Thank you for your donation!

