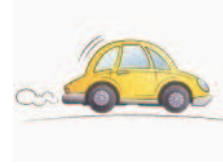




Asian Pacific Women's Center



Vehicle Donation Form

Thank you so much for considering donating your vehicle to us. Before we start the process, please fill out this form and fax it back to us at (213) 250-2949 when it is complete. We hope to get back to you within a week after receiving your information. For any questions regarding this form and its process, please feel free to contact APWC at (213) 250-2977 or E-Mail@apwcla.org.

Date of Form Completed:	_____(Month) / _____ (Day) / _____ (Year)
Vehicle Owner:	First Name _____ Last Name _____
Mailing Address: Street/City/Zip	Street _____ City _____ State _____ Zip _____
Daytime Contact number:	(_____) _____ - _____ (Home/Work/or Cell, please select one)
Email address:	
Vehicle Location:	Street _____ City _____ State _____ Zip _____ Corner of _____ and _____
Vehicle Year:	
Vehicle Make:	
Vehicle Model:	
Vehicle License Plate:	Register State _____ License # _____
VIN	
Does the vehicle have any exterior or interior damage? If yes, please describe.	
Do you have a Certificate of Title? If not, please explain.	