



# THE ABILITY CENTER™

MAKING INDEPENDENCE POSSIBLE SINCE 1920

## Vehicle Donation Information Sheet

Caller name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Vehicle Details:

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model (including EX, SL, LX, etc): \_\_\_\_\_

Mileage: \_\_\_\_\_

Condition of tires: \_\_\_\_\_

Mechanically ok? Anything wrong with vehicle: \_\_\_\_\_

Electrically ok?: \_\_\_\_\_

Ramp (Y or N)? \_\_\_\_\_

Type: \_\_\_\_\_

If ramp, is it motorized or manual: \_\_\_\_\_

Does the ramp work?: \_\_\_\_\_

Any rust?: \_\_\_\_\_ Where?: \_\_\_\_\_

How many owners?: \_\_\_\_\_

Is the title clean?: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Accept? \_\_\_\_\_

Other Comments: \_\_\_\_\_