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Vehicle Donation Form

everychild.one voice.

* Please complete and fax this form to Car Program 916-631-1328 or 916-631-4336 or via email.
* The donor will be contacted within four business days at the latest.

Date _____

Donor Name _____

Phone Number: _____ Alternative # _____

Vehicle Location _____
City State ZIP

Vehicle Information

Year: _____ Make: _____ Model _____ Plate# _____

VIN # _____ Odometer _____

Please check all that apply: 2-Door 4-Door Station-Wagon 4-Wheel-Drive

Does the vehicle run and drive as is? Yes No

Explain _____

Do you have the Title? Yes No

Please note problems/damage: None

Engine _____

Trans. _____

Tires _____

Body _____

Other _____

Special Instructions: _____

