

VEHICLE DONATION RECEIPT
LIVING PROOF CHARITIES & MINISTRY
PO BOX 1639 AUBURNDALE FL, 33823
(863) 934-0386

DATE: _____
STOCK: _____

DONOR INFORMATION

NAME: FIRST _____ LAST _____ M.I. _____
COMPANY (IF APPLICABLE): _____
ADDRESS: _____
PHONE: HOME _____ OFFICE _____
CELL: _____ FAX: _____
EMAIL: _____
FACEBOOK URL: _____

TOWING INFO (IF APPLICABLE)

COMPANY: _____
DRIVER: _____
ADDRESS: _____
PHONE: _____
TOW FEE: _____

VEHICLE INFORMATION

YEAR: _____ TITLE: YES _____ NO _____
MAKE: _____ VEHICLE (VIN) _____
MODEL: _____
COLOR: _____
MILEAGE: _____
PARTS MISSING: _____
RUNS / DRIVES: _____
KEY: (YES) _____ (NO) _____
TIRES: (YES) _____ (NO) _____ (FLAT) _____

VEHICLE LOCATION: _____
VEHICLE ACCESSIBLE: _____
CONTACT PHONE: _____
PICKUP DATE: _____ TIME: _____
CONTACT NAME: _____
CONTACT SIGNATURE: _____

DEAR DONOR,
LIVING PROOF CHARITIES & MINISTRY WOULD LIKE TO THANK YOU
FOR YOUR GENEROUS DONATION. YOU WILL BE PROVIDED WITH
A DONATION TAX RECIEPT WITHIN 30 DAYS FROM TODAYS DATE

FORM LPCM 0001