



Catholic Charities of the East Bay
433 Jefferson Street
Oakland, CA 94607
Tel: (510) 768-3138 or 3142
Fax: (510) 451-6998

Donor Information:

Name on car title: _____

Address: _____

City: _____ State: CA Zip: _____

Contact information: Home phone: _____ Cell Phone: _____

Business Phone: _____ Msg/Pager: _____

Donor has title/pink slip: -Yes -No -Will sign application for duplicate title

Location of Vehicle/Vessel (if different from above):

Contact person: _____ Telephone: _____

Donation Information

-Automobile -Van -Truck -Motorcycle -Boat -Other _____

License No. _____ VIN: _____

Year: _____ Make: _____ Model: _____ Trans: Automatic/Manual

Mileage: _____ Running: Yes No

Damage or problems: _____

Boats only: CF No. _____ BHN: _____