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|------------------------------------|---------------------------------|------------------------|
| <i>For CCH Office Use Only</i> | Tracking entered ____/____/____ | TY Sent ____/____/____ |
| NOT Sent ____/____/____ | Entered into RE ____/____/____ | 1098-C Sent ()Y ()N |
| Certified NOT Rec'd ____/____/____ | | |

Donor Information

| | | | | |
|--|------------|--|----------|--|
| Date | | Name [if different than owner(s)] & Relationship to Owner(s) | | |
| Owner's Name (as printed on vehicle title) | | Owner's Social Security Number (for tax purposes only) | | |
| Joint Owner's Name (as printed on vehicle title) | | Joint Owner's Social Security Number (for tax purposes only) | | |
| Street Address | | City | Zip Code | |
| Home Phone | Cell Phone | Work Phone | Fax | |
| E-mail Address: | | Best method & time to contact you | | |

Vehicle Profile

| Year | Make | Model | License plate# | Vehicle Identification# (VIN) |
|------------------------------|------|------------------------------|-----------------------------|---|
| Drivable? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mechanical problems? Additional Information: |
| HI Title & Registration? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Registration Expiration Date | | | | |
| Safety Check Expiration Date | | | | |
| Odometer working? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Has it ever been reset? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Odometer reading: | | | | |
| Working Battery? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is the vehicle smoking? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is there any rust? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, where? | | | | For CCH Office Use Only Drop off date: Estimated Drop Off Time: E-mailed/Faxed: |
| Any dents? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, where? | | | | |

| |
|--|
| <p><i>How did you learn about our program?</i></p> <input type="checkbox"/> Previous Donor <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Catholic <input type="checkbox"/> Parish Bulletin <input type="checkbox"/> The Honolulu Advertiser <input type="checkbox"/> Island Weekly <input type="checkbox"/> Military Papers <input type="checkbox"/> Radio <input type="checkbox"/> Other: |
|--|

Please complete this form and mail or fax it to:



CATHOLIC CHARITIES HAWAII
 1822 Keeaumoku Street • Honolulu, Hawai'i 96822
 Phone (808) 524-HOPE (4673) • Fax (808) 527-4829
www.CatholicCharitiesHawaii.org

