



Society of St. Vincent de Paul Council of Pittsburgh Automobile Donation Form

Date: _____

Donation Number (Internal Use): _____

Personal Information:

Name: _____

Home Phone: _____

Business: _____

Work Phone: _____

Address: _____

Cell: _____

Automobile Information:

Year: _____

Make: _____

Model: _____

Mileage: _____

VIN Number: _____

State Titled: _____

Title Number: _____

Title Name: _____

Is there a lienholder on the vehicle? _____

Can the vehicle be driven safely? If not, describe: _____

General Condition: _____

Remarks: _____

How did you hear about the car donation program: _____

Please remit this form to:

Mail:

Society of St. Vincent de Paul
1243 N. Franklin St.
Pittsburgh, PA 15233
Attn: Gwen Payne

Fax:

412.321.9131

Email:

gwenpayne@svdppitt.org

Please call 412.321.1071 x501 if you have any questions. Thank you for your donation.