



1225 Twinney Drive, Unit #2
 Newmarket, Ontario, L3Y 9E7
 (905) 836-1433 (877) 315-7467
 Fax: (905) 836-1483
 www.vehicledonate.ca

A program of



CONTACT INFORMATION

Date _____

Name(s) _____

Address _____
Apt/Unit Street

City _____ Province _____ Postal Code _____

Telephone: _____
Home

Alternate

Email: _____

Please check

- I will drop off the vehicle
- Please contact me regarding vehicle transportation
- Please send more information about how a youth can get involved in this program
- Please update me via email about Shop News
- Please send me more information about Youth Unlimited
- Apart from communication regarding this donation, I do not wish to receive any further communication from The Shop VDP or Youth Unlimited.

Your official tax receipt will be mailed to the address indicated above. Please call The Shop at (905) 836-1433 if you do not receive your tax receipt in 4-6 weeks.

DIRECTIONS

- 1) Complete this form.
- 2) Separate the VEHICLE PORTION of your ownership from the plate portion at the centre perforation. Please keep the plate portion for your own records and remit only the vehicle portion.
- 3) Complete application for transfer on the back of the vehicle portion. The registered owner(s) must sign the vehicle portion where it says, "Signature of Seller".
- 4) Write in the odometer reading to the left of your signature.
- 5) Drop off vehicle anytime at address above or contact us to discuss transportation.
- 6) Remove license plates from the vehicle for your future use.

VEHICLE INFORMATION

Make: _____ Model: _____

Year: _____ Colour: _____

V.I.N.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Odometer Reading

--	--	--	--	--	--

- Kilometers Miles

Check here if the odometer does not show actual distance traveled.

- Engine good ok poor not running
- Brakes good problems
- Transmission good ok poor not working
- Trans. Type standard automatic
- Tires good ok poor
- Emission test failed last test passed last test

Comments: _____

Is there a lien against this vehicle? Yes No

Was this vehicle used as a taxicab or police vehicle? Yes No

Has this vehicle sustained accident damage during the time you owned it, or was this information disclosed to you when you bought it? Yes No

If yes, please provide details _____

I hereby donate this vehicle in its current condition to The Shop / Youth Unlimited.

X _____
 Signature of Registered Owner(s) Date

THANK YOU FOR YOUR GENEROSITY!

OFFICE USE ONLY

Name of Official:	Official's Signature:
Date:	Inventory Database Entry:
Location:	Customer Database Entry:
Location:	MTO Entry:
Location:	Communication:
Location:	Receipt Verified:
Value:	Closed: