

# Car Donation & Authorization Form

## Pickup and Transportation

Please email completed form to [ddfoundationinc@aol.com](mailto:ddfoundationinc@aol.com) and a DDF representative will contact you to schedule a pick up.

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### Type of Vehicle

Car       Motorcycle  
 Truck     Boat  
 SUV       RV

### Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Driver License Number: \_\_\_\_\_

### Mail Donation Receipt To

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

### Vehicle Information

VIN Number: \_\_\_\_\_ Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_  
Mileage: \_\_\_\_\_

### Location of Vehicle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

### Additional Details:

( Yes / No ) Do you have the title?  
( Yes / No ) Do you have the keys?  
( Yes / No ) Does the vehicle have all tires?  
( Yes / No ) Does the vehicle Run?  
( Yes / No ) Is the vehicle located in a gated community?  
Name of gated community: \_\_\_\_\_

**Condition of vehicle and any other details you want to mention:**

**Rules & Restrictions:** All vehicles must have clear title and free of all liens. Vehicles located in gated community require owner to authorize access to remove such vehicle. Vehicle must not be blocked in and clear for pick up. Owner must remove license plate and all personal items from vehicle prior to pick up. DDF will not be responsible for any damages or items left in vehicle. Vehicle must be free of trash and debris for pick up. DDF will provide donation receipt to owner of vehicle.

**Authorization for Pickup and Transport:**

I certify that I am the owner of the described vehicle. I certify that there are no undisclosed liens against this vehicle. I further attest that possession of this motor vehicle was obtained through lawful means along with ownership rights. I hereby, authorize the Danielle DeMarzo Foundation, Inc. and or their affiliates, to act on my behalf to pick up and transport this vehicle.

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*Signature*

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*Date*

**Thank you for your donation and helping us  
touch the hearts of children!**

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Should you have any questions or would like to speak to us regarding your donation, please contact us directly.

Danielle DeMarzo Foundation  
P.O. Box 771675  
Coral Springs, FL 33077

Phone: (954) 575-5556  
Fax: (954) 755-4199  
Toll Free: (866) 295-KIDS (5437)  
E-Mail: [ddfoundationinc@aol.com](mailto:ddfoundationinc@aol.com)