## Vehicle Donation Form - Kentucky Refugee Ministries (KRM)

Donor Con	itact Informa	ation			
Name:			Phone	Number:	
Email:					
Home Add	ress:				
City:		S	tate:	Zip Code:	
Vehicle infe	ormation				
		- •		ctured more than 15 years ag for your understanding.	o or that has
Make:			Model:	Year:_	
Current Mi	leage:	Name o	of Title Owner (	if not listed above):	
VIN#:					
Please sele	ct the curren	t condition of t	he following:		
Engine	Poor	Fair	Good	Excellent	
Tires	Poor	Fair	Good	Excellent	
Battery	Poor	Fair	Good	Excellent	
Interior	Poor	Fair	Good	Excellent	
Exterior	Poor	Fair	Good	Excellent	
Please writ	e any vehicle	issues/concer	ns that could in	npact the next driver:	
SSN below	or contact KF 502) 479-9180	RM if you prefe	r to provide thi	cle donation to the IRS. Pleas s verbally: Kim Shippey, Acco provide information for your	ounting
SSN for IRS	S purposes:				

Return this form to either of the following staff members:

KRM Louisville: Cassandra Ernst, <a href="mailto:cernst@kyrm.org">cernst@kyrm.org</a>
KRM Lexington: Bebe Gergely, <a href="mailto:bgergely@krmlex.org">bgergely@krmlex.org</a>