



CAP Vehicle Donation Program

Date: _____

Donor Name _____

Address _____

City _____

State _____ Zip Code _____

Phone Numbers(s): Home _____

Work _____

Mobile _____

Email: _____

DONATED VEHICLE

Year _____ Make _____ Model _____

VIN _____

Mileage _____

Date arrived at shop _____

Shop Name _____

Address _____

Phone _____

Donation Received by _____ (Shop Contact)

Contact the Community of Automotive Professionals within 24 hours of donation.

CAP Car Donation Contact Information

Louie Sirianni

Phone (210) 308-7424 Email donateyourcar@carfestsa.org

Monday – Friday 8:00 a.m. – 5:00 p.m.