



## Donation Agreement

I, \_\_\_\_\_, hereby designate the vehicle listed below to be donated to Minnesota Adult & Teen Challenge. I understand that no goods or services were provided to me by Minnesota Adult & Teen Challenge in consideration of my vehicle donation. I also agree that I am the rightful owner of the vehicle, and will provide Minnesota Adult & Teen Challenge with all the necessary documentation for the transfer of the vehicle ownership. Per federal guidelines, I understand that I can only claim the amount that my vehicle sells for and Teen Challenge will do their best to sell my vehicle for the highest amount they can.

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Owner's Social Security Number \*\*\*

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

### Vehicle Information

\_\_\_\_\_  
Year, Make and Model

\_\_\_\_\_  
Vehicle Identification Number (VIN)

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\*\*\* If you intend to claim this donation as a deduction, the IRS requires that Minnesota Adult & Teen Challenge report your donation along with your Social Security Number to the IRS on form 1098-C. To provide us with your SSN, you can call us at 612-238-6162, emails us at [cars@mntc.org](mailto:cars@mntc.org) or fill out the number on this form. If you do not provide us with your SSN, you will not be able to deduct over \$500 for your donation. If you do not intend to use this donation for a tax deduction, you do not need to provide us with your SSN.

Minnesota Adult & Teen Challenge takes seriously the security of your private information. Your information, including your SSN, will be seen, handled and stored only by personnel in the vehicle donations department of Minnesota Adult & Teen Challenge in accordance to IRS vehicle donations requirements. Minnesota Adult & Teen Challenge understands the importance of this valuable information and takes great care to assure the safety of the identity of all donors. If you have further questions in regards to this, feel free to contact us at 612-238-6162.

**Please mail this form, along with your signed vehicle title to:**

Minnesota Adult & Teen Challenge  
Attn: Vehicle Donations Program  
1619 Portland Ave. S.  
Minneapolis, MN 55404



[www.mntc.org](http://www.mntc.org)  
612-238-6162

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address where vehicle is located at, if different from above: \_\_\_\_\_

\_\_\_\_\_

**Vehicle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Mileage: \_\_\_\_\_

Is the car running and safe to drive? YES NO If no, list date of last car start: \_\_\_\_\_

Please list vehicle condition; any known needed repairs, damages, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to receive future information from Know the Truth and MN Adult & Teen Challenge? (Check all that apply)

- Newsletters                       Electronic Newsletters                       Program Information