



ADOPT-A-CAR

Name: _____
(Individual/Family/Organization or Group - as you would like it printed on signage)

Address: _____

City: _____ State: _____ Zip: _____

The adopter wishes to adopt the _____ Price _____
(Name/Year/Model)

In the event that this vehicle is not available for adoption, please select your 2nd and 3rd choices.

2nd Choice _____ Price _____

3rd Choice _____ Price _____

Please check if you would like to include "In memory of" on the sign and website.

Please check if you would like to include "In honor of" on the sign and website.

Please check if you do NOT want the names of adopting individuals or families shared on the car signage and website.

How would you like to receive your adoption packet?

Mailed to Address Above Office Pick-Up

Signature: _____ Date: _____

Payment Method:

Check Enclosed: Payable to Gilmore Car Museum

Credit Card

Credit Card #: _____ Exp. Date: _____ SSV: _____

Signature: _____

Billing Address: _____ City: _____ State: _____ Zip: _____
(If different from above)

Phone: _____ Email: _____

Please mail or fax to :
Gilmore Car Museum • 6865 Hickory Rd. • Hickory Corners, MI • 46601
Phone: 269-671-5089 • Fax: 269-671-5843

Please contact Josh Russell at (269) 953-9036 or jrussell@gilmorecarmuseum.org with any questions.