

## **GIFT FORM**

## **DONOR INFORMATION**

In compliance with anti-money laun	dering regulations & best practices, CAF Am	ierica requests donor's full	name, address, and date of birth.
FULLNAME:			
ADDRESS: (No PO Boxes)			
PHONE:	FAX:	DATE	OF BIRTH:
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GIFT INFORMATION			
PLEASE CHECK ONE			
□ I enclose a check pa	yable to CAF America in the amount of	\$	
$\square$ I enclose details of a	wire or stock transfer made to CAF Am	nerica. Symbol:	# of shares:
☐ Please charge \$	to my	ercard 🔲 Visa	☐ American Express
*Please note billing ad	dress must match home or business address	provided above.	
NAME AS IT APPEARS ON CAR	D:		
ACCOUNT NUMBER:	EXP DATE:	SEC	URITY CODE:
SIGNATURE:			
CAF America applies an administra 3%* of the first \$15,000; 5% of the amo *Gifts under \$300 not processed online incur a \$10 ft	unt between \$15,001 and \$100,000; 3% of the ne	ext \$200,000; and 1% of all fu	inds over \$300,000.
I SUGGEST MY GIFT B	ב וופבח דה פווססחסדי		
ו זוט זואו וטבטטטטטו	ב טטבט וט טטררטחו.		
The following 'Erianda Eund's			
The following Friends Fund: _			
discretion with regard to its assets.	nerica becomes the property of CAF America All grants made by CAF America are in its so ther CAF America or any suggested charity i	le and independent discre	
SIGNATURE:		DAT	E:
to confirm donor identity in accorda	by a signed Gift Form. All donations without nce with anti-money laundering regulations a any donor information for any reason unless ess permission.	and best practice recomme	endations. CAF America does not

Please make copies of this form as needed. Send the form, together with your donation to: CAF America

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