GIFT FORM

Donor Information

FULL NAME:				
ADDRESS: (No PO Boxes)				
PHONE:	FAX:	DA	TE OF BIRTH	:
EMAIL:				
Gift Information (The	re is a minimum donation f	ee of \$80.)		
PLEASE CHECK ONE				
☐ I enclose a check pa	yable to CAF America in the	e amount of \$		
☐ I enclose details of a	a wire transfer made to CAF	F America in the amount of \$.		
☐ I enclose details of a	a stock transfer made to CA	AF America. Symbol	_# of shares	5
☐ Please charge \$	to my	☐ Mastercard	□ Visa	☐ American Express
*Please note billing ac	ldress must match home or bu	usiness address provided above.		
NAME AS IT APPEAR	RS ON CARD:			
ACCOUNT NUMBER	::	EXP DATE:	SECURIT	Y CODE:
SIGNATURE:				
CAF America applies an adm 8% of the first \$100,000; 4% of *Note: Minimum administration there is a minimum fee of \$350 to Please check CAF America's da status of your suggested charit	the next \$200,000; 1% of a fee of \$80. For gifts recomm to cover the expense of the classes of eligible charities of	ll funds over \$300,000, per de ended to charitable organizati harity validation.	ons not curre	
I suggest my gift be	used to support:			
☐ The following charitable orga	anization:			
Address & contact info (including phone, fax a				
I understand that my gift to CAF Ar discretion with regard to its assets CAF America is non-refundable. I c in return for my donation.	. All grants made by CAF Amer	ica are in its sole and independe	nt discretion. I	understand that my gift to
SIGNATURE: All donations must be accompanie			DATE:	
All donations must be accompanie confirm donor identity in accordan distribute, sell, or otherwise release	ce with anti-money laundering	regulations and best practice red	n will be returr commendation	ned. CAF America is required to us. CAF America does not
Please make copies of this fo	rm as needed. Send the f	orm, together with your do	nation.	

In compliance with anti-money laundering regulations & best practices, CAF America requests donor's full name, address, and date of birth.

