



# GIFT FORM

## DONOR INFORMATION

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

FULL NAME: \_\_\_\_\_

ADDRESS: (No PO Boxes) \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## GIFT INFORMATION

PLEASE CHECK ONE

- I enclose a check payable to CAF America in the amount of \$ \_\_\_\_\_
- I enclose details of a wire or stock transfer made to CAF America. Symbol: \_\_\_\_\_ # of shares: \_\_\_\_\_
- Please charge \$ \_\_\_\_\_ to my  Mastercard  Visa  American Express

\*Please note billing address must match home or business address provided above.

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CAF America applies an administrative fee to each gift:**

3%\* of the first \$15,000; 5% of the amount between \$15,001 and \$100,000; 3% of the next \$200,000; and 1% of all funds over \$300,000.

\*Gifts under \$300 not processed online incur a \$10 fee INSTEAD of the 3%.

## I SUGGEST MY GIFT BE USED TO SUPPORT:

The following 'Friends Fund': \_\_\_\_\_

I understand that my gift to CAF America becomes the property of CAF America and that CAF America has ultimate control, authority, and discretion with regard to its assets. All grants made by CAF America are in its sole and independent discretion. I confirm that I will receive no tangible benefit or privilege from either CAF America or any suggested charity in return for my donation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All donations must be accompanied by a signed Gift Form. All donations without a signed Gift Form will be returned. CAF America is required to confirm donor identity in accordance with anti-money laundering regulations and best practice recommendations. CAF America does not distribute, sell, or otherwise release any donor information for any reason unless required by law. CAF America does not add donor information to internal mailing lists without express permission.

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

**CAF America**

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Alexandria, VA 22314 USA

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