

GIFT FORM

DONOR INFORMATION

In compliance with anti-money la	aundering regulatio	ons & best practi	ces, CAF America reques	ts donor's full i	name, address, and date of birth.	
FULL NAME:						
ADDRESS: (No PO Boxes) _						
PHONE:	E: FAX:			DATE OF BIRTH:		
EMAIL: (REQUIRED)						
CIET INEODMATION						
GIFT INFORMATION PLEASE CHECK ONE	(There is a mini	mum donation	amount of \$500.)			
☐ I enclose a check	payable to CAF	America in the	amount of \$			
☐ I enclose details o	of a wire transfer	made to CAF	America in the amount	t of \$		
\square I enclose details of a stock transfer made to CAF America. Sym				nbol# of shares		
☐ Please charge \$ _		to my	☐ Mastercard	☐ Visa	☐ American Express	
*Please note billing	address must mate	ch home or busir	ness address provided abo	ove.		
NAME AS IT APP	EARS ON CARE):				
ACCOUNT NUM	BER:		EXP DATE:		SECURITY CODE:	
SIGNATURE:						
CAF America applies an adm 8% of the first \$100,000; 4%) ner donatio	n	
	aritable organiza	tions not curre			re is a minimum fee amount of	
Please check CAF America's the status of your suggested		ole charities or	n the CAF America web	osite or reach	out to us directly to determine	
I SUGGEST MY GIFT	BE USED T	O SUPPOI	RT:			
☐ The following charitable or						
Address & contact i (including phone, fa	nformation:					
	ts. All grants made	by CAF America	are in its sole and indepe	endent discreti	ultimate control, authority, and on. I understand that my gift to CAF crica or any suggested charity in return	
SIGNATURE:					ГЕ:	
All donations must be accompanic confirm donor identity in accordadistribute, sell, or otherwise release	nce with anti-mon	ey laundering reg	gulations and best practic	e recommenda	eturned. CAF America is required to tions. CAF America does not	

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