



**Olivia Newton-John**  
Cancer Wellness & Research Centre

*Make a difference  
to patients with cancer*

**For \$500 or more tax deductible donation from the USA**

Your tax-deductible gift to CAF America for the  
Olivia Newton-John Cancer Wellness & Research Centre  
will help many people who are affected by cancer.  
With your support we really can go from strength to strength.

Fill in this form and send it together with your donation to  
CAF America 1800 Diagonal Road, Suite 150 Alexandria, VA 22314 USA.

# GIFT FORM

## DONOR INFORMATION

Full Name :

Address :

(No PO Boxes, please)

Phone:

Fax:

Date of Birth:

Email:

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

## GIFT INFORMATION

Please check one (\$500 minimum gift amount)

I enclose a check payable to CAFAmerica in the amount of \$ \_\_\_\_\_

I enclose details of a wire or stock transfer made to CAFAmerica (Symbol: \_\_\_\_\_ # of shares: \_\_\_\_\_ )

Please charge \$ \_\_\_\_\_ to my  Mastercard  Visa

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

Name as it appears on card:

Account number:

Security code:

Signature:

Exp date:

**CAFAmerica applies an administrative fee to all gifts except as listed at [www.cafamerica.org](http://www.cafamerica.org) (click Donate Now):**

8% of the first \$100,000; 4% of the next \$200,000; 1% of all funds over \$300,000, per donation

## I SUGGEST MY GIFT BE USED TO SUPPORT:

The following charitable organization:



### **OLIVIA NEWTON-JOHN CANCER & WELLNESS CENTRE APPEAL**

C/-Austin Health Fundraising Department, Locked Bag 25, Heidelberg, Victoria, Australia 3084

Ph: +61 3 9496 5753 Fax: +61 3 9496 5160 E: [sharon.hillman@austin.org.au](mailto:sharon.hillman@austin.org.au) [www.oliviaappeal.com](http://www.oliviaappeal.com)

I understand that my gift to CAFAmerica becomes the property of CAFAmerica and that CAFAmerica has ultimate control, authority, and discretion with regard to its assets. All grants made by CAFAmerica are in its sole and independent discretion. I confirm that I will receive no tangible benefit or privilege from either CAFAmerica 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. CAFAmerica is required to confirm donor identity in accordance with anti-money laundering regulations and best practice recommendations. CAFAmerica does not distribute, sell, or otherwise release any donor information for any reason unless required by law. CAFAmerica does not add donor information to internal mailing lists without express permission.

Subscribe to the CAFAmerica e-Newsletter

**Please make copies of this form as needed.**

**Send the form, together with your donation to: CAFAmerica 1800 Diagonal Road, Suite 150 Alexandria, VA 22314 USA**