## **GIFT FORM**

## **Donor Information**

FULL NAME:					
ADDRESS: (No PO Boxes)					
HONE: FAX:		DA			
EMAIL:					
Gift Information					
PLEASE CHECK ONE					
☐ I enclose a check pay	able to CAF America in the	amount of \$	<del></del>		
☐ I enclose details of a	wire transfer made to CAF	America in the amount of \$.			
☐ I enclose details of a s	stock transfer made to CA	F America. Symbol	_ # of shares	5	
☐ Please charge \$	to my	☐ Mastercard	☐ Visa	☐ American Express	
*Please note billing add	ress must match home or bu	siness address provided above.			
NAME AS IT APPEARS	ON CARD:				
ACCOUNT NUMBER:		EXP DATE:	SECURITY CODE:		
SIGNATURE:					
Pricing 8% of the first \$100,000; 4% of th *Note: Minimum administration for there is a minimum fee of \$350 to Please check CAF America's data status of your suggested charity.	ee of \$80. For gifts recomme cover the expense of the ch base of eligible charities o	ended to charitable organizati narity validation.	ons not curre		
I suggest my gift be ι	used to support:				
☐ The following charitable organ	nization:				
Address & contact infor (including phone, fax ar					
I understand that my gift to CAF Amediscretion with regard to its assets. A CAF America is non-refundable. I cor in return for my donation.  SIGNATURE:	All grants made by CAF Ameri nfirm that I will receive no tar	ca are in its sole and independe	nt discretion. I ither CAF Ame	understand that my gift to rica or any suggested charity	
All donations must be accompanied confirm donor identity in accordance distribute, sell, or otherwise release a <b>Please make copies of this for</b>	by a signed Gift Form. All don with anti-money laundering any donor information for an	ations without a signed Gift Forr regulations and best practice red y reason unless required by law.	n will be returr commendation	ned. CAF America is required to	

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

