

■■■ committed to effective giving

CAF
AMERICA

CAF AMERICA GIFT FORM

Name: Mr/Mrs/Miss _____

Address: _____

Phone: _____ Fax: _____ Email _____

Name of donors to be acknowledged to charity (if different from above):

- Subscribe to the quarterly CAF America International Grant making Donor & Advisor e-bulletin:

Please check one (\$500 minimum gift amount. Gifts of less than \$500 will be returned)

- 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

- Please charge \$ _____ to my Mastercard Visa

Name as it appears on the card: _____

Account Number: _____ Exp Date: _____

Signature: _____

CAF America applies an administrative cost to each donation received as follows except for donations to 'Friends of Charity Funds': 8% for first \$25,000, 4% for next \$75,000, 1% of all funds over \$100,000 per donation.

Please use my gift to support:

- CAF America

- The following areas (AIDS, youth, environment etc.) country or region of the world:

- To support the following philanthropic organisation: _____

Address & contact information (including phone, fax & email): _____

I understand that my gift to CAF American 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 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.