## CAF AMERICA FRIENDS FUND GIFT FORM

## DONOR INFORMATION:

In compliance with anti-1 contact information, and		est practices, CAF America requests a donor's full name, address,	
FULL NAME:			
ADDRESS (No PO Box	kes):		
PHONE:	EMAIL:	DATE OF BIRTH:	
GIFT INFORMATIO	DN:		
PLEASE CHECK ONE			
$\square$ I enclose a che	ck payable to CAF America in th	ne amount of \$	
☐ I enclose detail	ls of a wire transfer made to CAF	- America in the amount of \$	
☐ I enclose detail	ls of a stock transfer made to CA	AF America. Symbol: # of shares:	
CAF America appli	es an administrative fee to ea	ch gift:	
	% of the amount between \$15,001 and \$10	0,000; 3% of the next \$200,000; and 1% of all funds over \$300,000.	

## I SUGGEST MY GIFT BE USED TO SUPPORT:

## Friends Fund at CAF America

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 understand that my gift to CAF America is non-refundable. I confirm that I will receive no tangible benefit or privilege from either CAF America or any suggested charity in return for my gift.

SIGNATURE: DATE:

**All donations must be accompanied by a signed Gift Form.** 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.

If you need help, have questions, would like to make a credit card donation, or donate complex, non-cash assets, please reach out to <a href="mailto:friendsfunds@cafamerica.org">friendsfunds@cafamerica.org</a>.

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

**CAF AMERICA** 225 Reinekers Lane, Suite 375 Alexandria, VA 22314 USA

