CAF America Gift Form



DONOR INFORMATION

address, and date of birth	, ,	ris & best practices, CAF A	merica requests donor's full flame,
,			
DHONE:			DATE OF BIRTH:
			DATE OF BIRTH.
GIFT INFORMATION			
PLEASE CHECK ONE			
	ck payable to CAF America		unt of \$
			# of shares
			☐ Visa ☐ American Express
•	ng address must match home		•
NAME AS IT APPE	ARS ON CARD:	,	
			SECURITY CODE:
SIGNATURE:			
PRICING			
PRICING			
Note: Minimum administration	imum fee \$80); 4% of the next \$; on fee of \$80. For gifts recommende the expense of the charity validatio	d to charitable organizations not c	nount (over \$300,000) currently eligible with CAF America, there is a
Please check CAF America's c status of your suggested cha	_	e CAF America website or reach	out to us directly to determine the
☐ The following of Address	& contact information:		
discretion with regard to its as	sets. All grants made by CAF Ame	rica are in its sole and independe	nerica has ultimate control, authority, and ent discretion. I understand that my gift to CAF er CAF America or any suggested charity in return
SIGNATURE:			DATE:
All donations must be accomp confirm donor identity in acco	anied by a signed Gift Form. All de	onations without a signed Gift Fo ng regulations and best practice i	orm will be returned. CAF America is required to recommendations. CAF America does not
Please make copies of	this form as needed. Sen	d the form, together wit	h your donation.
CAF America 225 Reinekers Lane, Suit Alexandria, VA 22314 US	e 375	-	