

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:
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 Tara Education Fund

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.

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

CAFAmerica
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Alexandria, VA 22314 USA