

# CAFAmerica™ Gift Form

[Please print legibly or type]

**I would like to make a gift to CAFAmerica.**

Receipts will be sent for gifts of a greater value than or equal to \$250. If the gift is by check, the receipt will be made in the name of the person signing the check.

Name(s) of Donor(s) [Mr. Mrs. Ms.] .....

Address of Donor(s) .....

.....

..... Zip Code .....

Telephone ..... Fax ..... E-mail .....

Name(s) of donor(s) to be acknowledged to suggested charity: .....

**Please check whichever applies and fill-in the amount**

I enclose a check payable to CAFAmerica in the amount of \$ \_\_\_\_\_

or

I enclose a description of a non-cash gift and confirm that details have been notified to CAFAmerica

or

Please charge \_\_\_\_\_ to my  MasterCard  Visa *(These cards carry an extra 4% Fee)*

Name Exactly as on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_

**Please check whichever applies and complete.**

Please use my gift as CAFAmerica believes it is most needed \_\_\_\_\_ or

Please use my gift to support the following area of service (youth, families, aged, AIDS, environment, etc.), country, or region of the world: \_\_\_\_\_ or

I would like to suggest that CAFAmerica support the following philanthropic organization (use one form for each charity suggested).

Name of Organization

Address

Telephone Number

Fax Number

Contact Name & Title

Activities of organization

**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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make copies of this form as needed. Please send the form(s) together with your gift(s) to:*

Gift Administrator, CAFAmerica, King Street Station

1800 Diagonal Road, Suite 150, Alexandria, VA 22314-2840

Fax: (703) 549-8934 E-Mail: [cafamerica@caf.charitynet.org](mailto:cafamerica@caf.charitynet.org)