FUND CONTRIBUTION FORM

Donor Information

In compliance with anti-money laundering regulations & best practices, CAF America requests donor's full name, address, and date of birth.

FULL NAME:						
ADDRESS: (No PO Boxes)						
_						
PHONE:	FAX:	DATE OF BIRTH:				
EMAIL:						

Gift Information

PLEASE C	CHECK ONE				
	l enclose a check payable to CAF America in the				
	l enclose details of a wire transfer made to CAF	<u> </u>			
	l enclose details of a stock transfer made to CAF				
	Please charge \$ to my	Mastercard	Visa	American Express	
	*Please note billing address must match home or business address provided above.				
	NAME AS IT APPEARS ON CARD:				
	ACCOUNT NUMBER:	EXP DATE:	SECURITY C	_ SECURITY CODE:	
	SIGNATURE:				

Pricing

Administration fees for this gift are determined by the terms of each fund. For more information on these fees please contact info@cafamerica.org

I suggest my gift be used to support:

The following CAF America Fund:

The Louisa Adelynn Johnson Fund for Complex Disease

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 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 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.

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