

GIFT FORM

DONOR INFORMATION

Name : _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Subscribe to the CAFAmerica e-Newsletter

GIFT INFORMATION

Please check one (\$500 minimum gift amount except as listed at www.cafamerica.org , click Donate Now)

- I enclose a check payable to CAFAmerica in the amount of \$_____
- I enclose a details of a wire or stock transfer made to CAFAmerica (Symbol: _____ # of shares: _____)
- Please charge \$_____ to my Mastercard Visa

Name as it appears on card: _____

Billing Address (if different from above): _____

Account number: _____ Security code: _____

Signature: _____ Exp date: _____

CAFAmerica applies an administrative fee to all gifts except as listed at www.cafamerica.org (click Donate Now):
8% from the first \$25,000; 4% from the next \$75,000; 1% of all funds over \$100,000 per donation

I SUGGEST MY GIFT BE USED TO SUPPORT:

- CAFAmerica
- The following charitable organization: **SAINTS ALIVE**
12 Grange Road, Cambridge CB3 9DU
United Kingdom
Tel: 0044 (0) 1223 575988
Email: donations@saintsalive.org.uk

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 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.

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

CAFAmerica
1800 Diagonal Road, Suite 150
Alexandria, VA 22314 USA