

CAF America Gift Form

I would like to make a gift to CAF America.

Name : Mr./Mrs./Ms. _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of donors to be acknowledged to charity (if different from above)

Please check one (\$500 minimum gift amount. Gifts of less than \$500 will be returned)

I enclose a check payable to CAF America in the amount of \$ _____

I enclose a details of a wire or stock transfer made to CAF America

Please charge \$ _____ to my Mastercard Visa

Name as it appears on card: _____

Account number: _____ Exp date: _____

Signature: _____

CAF America applies an administrative cost to each donation received as follows:

8% from the first \$25,000; 4% from the next \$75,000; 1% of all funds over \$100,000 per donation.

Please use my gift to support:

Wherever CAF America believes it is needed most.

The following area (AIDS, youth, environment, etc.), country, or region of the world: _____

To support the following philanthropic organization: **THE DOWN SYNDROME EDUCATIONAL TRUST (UK)**

Address & contact information (including phone, fax and email): **THE SARAH DUFFEN CENTRE.**

BELMONT STREET. SOUTHSEA. PORTSMOUTH. HAMPSHIRE. PO5 1NA. UNITED KINGDOM.

TELEPHONE +44 (0)23 9285 5330 / FAX +44 (0)23 9285 5320 / EMAIL giving@downsed.org

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 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.

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