



CAF America Donor Advised Fund
Contribution Form



Donor Information

Name: _____

Address: _____

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.

To make a tax-deductible donation, please make checks payable to **CAFAmerica** and fill in the following: I enclose a check in the amount of \$ _____

Or donate by credit card by filling in the section below:

Please charge \$ _____ to my _____ Mastercard _____ Visa

Card Number _____

Expiration date _____ Security code _____

(note: billing address must match address provided above)

Please be sure to include this completed contribution form with your donation.

Apply my gift to

Soldiers' Animal Companions

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 Contribution Form. All donations without a signed Contribution 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.

Charities Aid Foundation America

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