STAY STRONG VS. ALS

CAF AMERICA DONATE GIFT FORM

DONOR INFORMATION

In compliance with anti-money laundering regulations and 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 CHECK ONE:

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

❑ I enclose details of a wire or stock transfer made to CAF America. Symbol: _____ # of shares: _____

❑ 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 CODE: _____

SIGNATURE: _____

My gift is for the Stay Strong vs. ALS Donor Advised Fund. 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. Stay Strong vs. ALS retains advisory privileges over amounts contributed to the Fund.

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. CAF America does not add donor information to internal mailing lists without express permission.