

STAY STRONG VS. ALS FUND GIFT FORM FUND



DONOR INFORMATION:

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

FULL NAME:

ADDRESS (No PO Boxes):

PHONE: EMAIL: DATE OF BIRTH:

GIFT INFORMATION:

PLEASE CHECK ONE

- I enclose a check payable to CAF America in the amount of \$
- I enclose details of a wire transfer made to CAF America in the amount of \$
- I enclose details of a stock transfer made to CAF America. Symbol: # of shares:

I SUGGEST MY GIFT BE USED TO SUPPORT:

The following Donor Advised Fund: **Stay Strong vs. ALS**

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 gift.

SIGNATURE: DATE:

All gifts must be accompanied by a signed Gift Form. 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.

If you need help making a donation, have questions, or would like to donate complex, non-cash assets, please reach out to your relationship manager.

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

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