

**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 of Donor/Organization/Donor Advised Fund: \_\_\_\_\_

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 the details of a wire or stock transfer made to CAF America (Symbol: \_\_\_\_\_ # of shares: \_\_\_\_\_)
- Please charge \$ \_\_\_\_\_ to my  MasterCard  Visa  American Express

Name as it appears on card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Account number: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp date: \_\_\_\_\_

**Pricing**

Administration fees for this gift are determined by the terms of each fund. For more information on these fees please contact [info@cafamerica.org](mailto:info@cafamerica.org).

**I SUGGEST MY GIFT BE USED TO SUPPORT THE FOLLOWING CAF AMERICA FUND:**

**EQUALITY 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.

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.

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

**CAF America**

225 Reinekers Lane, Suite 375  
Alexandria, VA, 22314, USA  
202-793-2232 | [friendsfunds@cafamerica.org](mailto:friendsfunds@cafamerica.org)

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**Thank you for supporting the Equality Fund.**

123 Slater Street - Suite 600 | Ottawa, ON | K1P 5H2 | 1-855-640-1872 | [philanthropy@equalityfund.ca](mailto:philanthropy@equalityfund.ca) | [equalityfund.ca](http://equalityfund.ca)