CAF AMERICA

GIFT FORM

DONOR INFORMATION

In compliance with anti-money laundering regulations & 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 **(There is a $500 minimum gift amount on Single Donor Advised Gifts)**

☐ 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: _____

CAF America applies an administrative fee to all Single Donor Advised Gifts:
8% of the first $100,000; 4% of the next $200,000; 1% of all funds over $300,000, per donation

I SUGGEST MY GIFT BE USED TO SUPPORT:

☐ CAF America _____

☑ The following charitable organization: Taitung St. Mary's Hospital

Address & contact information: (including phone, fax and email)
No. 2, Hangzhou St., Taitung City, Taitung County, TAIWAN 950
Phone:+88689322833#303
Fax:+88689349907

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
1800 Diagonal Road • Suite 150
Alexandria, VA 22314 USA