Gift Form



I suggest my gift be used to support:

The following 'Friends Fund': Royal Drawing School

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-refundablel confirm that neither I nor any of my family members will receive no tangible benefit or privilege from either CAF America or any suggested charity in return for my donation.

Signature	Date		
•	dance with anti-money launc	dering regulations and best prac	Form will be returned. CAF America is required tice recommendations. CAF America does not law.
Donor information			
In compliance with anti-money la	undering regulations & best រុ	oractices, CAF America requests	donor's full name, address, and date of birth.
Full name:			
Address: (No PO Boxes) _			
Phone:	Fax:	Fax: Date of Birth:	
Gift Information Ple	ease check one		
☐ I enclose a check payal	ole to CAF America in th	e amount of \$	
			ol: # of shares:
☐ Please charge \$			
•		iness address provided above.	•
Name as it appears on ca		·	
			Security Code:
Signature:			
Acknowledgement			
We would like to recognise let us know how you would	• • • • • • • • • • • • • • • • • • • •		u would like to be acknowledged please
Name(s):		🗖 Or pleas	e tick if you prefer to remain anonymous
Fee Structure			
CAF America applies an ad	ministrative fee of 1% t	o each contribution.	

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

CAF America

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