

# 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

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 \_\_\_\_\_.

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: \_\_\_\_\_

## Pricing

8% of the first \$100,000; 4% of the next \$200,000; 1% of all funds over \$300,000, per donation.

*\*Note: Minimum administration fee of \$80. For gifts recommended to charitable organizations not currently eligible with CAF America, there is a minimum fee of \$350 to cover the expense of the charity validation.*

Please check CAF America's database of eligible charities on the CAF America website or reach out to us directly to determine the status of your suggested charity.

## I suggest my gift be used to support:

The following charitable organization: The West Parry Sound Health Centre Foundation  
Address & contact information: 6 Albert Street Parry Sound, ON P2A 3A4  
(including phone, fax and email) 705-746-4540 x 3345  
ldfleuriot@wpshc.com

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 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.

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