



GIFT FORM

I would like to make a gift to CAFAmerica

Receipts will be sent for gifts of a greater value than or equal to \$250. If the gift is by check, the receipt will be made in the name of the person signing the check.

Name(s) of Donor(s) [Mr. Mrs. Ms.]
Address of Donor(s)
.....
..... Zip Code
Telephone Fax E-mail

Name(s) of donor(s) to be acknowledged to suggested charity:

Please check whichever applies and fill-in the amount

I enclose a check payable to CAFAmerica in the amount of \$ _____

or

Please charge _____ to my MasterCard Visa American Express (*These cards carry an extra 4% Fee*)

Name Exactly as on Card _____ Exp. Date _____

Account Number _____

Signature _____

I would like to suggest that CAFAmerica support the following philanthropic organization:

Azafady
Studio 7, 1A Beethoven Street, London, W10 4LG, England
Telephone number +44 20 8 960 6629
Fax number +44 20 8 962 0126
Contact Name & Title: Mark D. Jacobs, Managing Director
Activities of organization: humanitarian and conservation work in southeast Madagascar

I understand that my gift to CAFAmerica becomes the property of CAFAmerica and that CAFAmerica has ultimate control, authority and discretion with regard to its assets. All grants made by CAFAmerica are in its sole and independent discretion.

Signature: _____ Date: _____

Please send the form together with your gift to:
Gift Administrator, CAFAmerica, King Street Station
1800 Diagonal Road, Suite 150, Alexandria, VA 22314-2840
Fax: (703) 549-8934 E-Mail: cafamerica@caf.charitynet.org