



GIFT FORM

DONOR INFORMATION

Alexandria, VA 22314 USA

In compliance with anti-money laundering re	gulations & best p	oractices, CAF America r	equests donor's	full name, address, and date of birth.
FULL NAME:				
ADDRESS: (No PO Boxes)				
PHONE:	FAX:	D <i>A</i>	TE 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 or	stock transfe	r made to CAF Ame	rica. Symbol:	# of shares:
☐ Please charge \$	to my	☐ Mastercard	☐ Visa	☐ American Express
NAME AS IT APPEARS ON CARD:				
ACCOUNT NUMBER:				
SIGNATURE:				
I SUGGEST MY GIFT BE US The following "Friends Fund": DEFER			NAL PALESTIN	IE FUND / ACCT. ID 178786
I understand that my gift to CAF America becomiscretion with regards to its assets. All grants tangible benefit or privilege from either CAF	s made by CAF Ar	nerica are in its sole and	d independent d	iscretion. I confirm that I will receive no
GNATURE: DATE: I donations must be accompanied by a signed Gift Form. All donations without a signed Gift Form will be returned. CAF America is require				
All donations must be accompanied by a sign- confirm donor identity in accordance with an distribute, sell, or otherwise release donor in internal mailing lists without express permiss	ti-money launder formation for any	ing regulations and bes	t practice recom	mendations. CAF America does not
Please make copies of this form as n	eeded. Send t	he form, together v	with your do	nation to:
CAF America 225 Reinekers Lane, Suite 375				

Defense for Children International – Palestine is able to accept tax-deductible donations from US donors via CAF America (EIN 43-1634280).

For more information on CAF America, go to www.cafamerica.org