

DONOR INFORMATION

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GIFT INFORMATION

Please check one:

- I enclose a check payable to CAFAmerica in the amount of \$ _____
- I enclose a details of a wire or stock transfer made to CAFAmerica (Symbol: _____ # of shares: _____)
- Please charge \$ _____ to my Mastercard Visa

Name as it appears on card: _____

Billing Address (if different from above): _____

Account number: _____ Security code: _____

Signature: _____ Exp date: _____

I SUGGEST MY GIFT BE USED TO SUPPORT:

Friends of the Jewish Community of Japan

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. I confirm that I will receive no tangible benefit or privilege from either CAFAmerica 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. CAFAmerica does not distribute, sell, or otherwise release any donor information for any reason unless required by law. CAFAmerica 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:

CAFAmerica
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