

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 (based on total amount of donations to the fund; aggregated annually)

5% of the first \$500,000

3% of the next \$500,000

1% of the next \$2,000,000

0.5% of any additional amount

I suggest my gift be used to support:

The following charitable organization: Flexport.org Fund
Address & contact information: Flexport.org, 760 Market St. 8th Floor, San Francisco, CA 94109
(including phone, fax and email) (415) 231-5252 - Fund@flexport.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.

Please send all donations by check with a completed gift form to the following address: Charities Aid Foundation of America
225 Reinekers Lane, Suite 375
Alexandria, VA 22314