

International Project Fund - GIFT FORM

DONOR INFORMATION

ADDRESS: (No DO Poyos)			
ADDRESS. (NO PO Boxes) _			
– PHONE:	FAX:		DATE OF BIRTH:
EMAIL:			
ALTERNATIVE CONTACT (C	OPTIONAL):		
GIFT INFORMATION	(PLEASE CHECK ONE)		
	payable to CAF Canada in the amount	of \$	
	f a wire transfer made to CAF Canada		
	f a stock transfer made to CAF Canada		
	to my		
	Idress must match home or business address		2 American Express
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AME AS IT APPEARS ON	CARD:		
CCOUNT NUMBER:	EXP DATE:		SECURITY CODE:
IGNATURE:			
	tive fee to all contributions to International Pro	oject Funds:	
% of the first \$500,000: 3% of the	e next \$500,000; 1% of the next \$2,000,000; 0.	5% of any additional amou	int per contribution
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	T BE USED TO SUPPORT TI	HE FOLLOWING	i PKOJECI:
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Preferred Intermediary complete the CAF Canada does not a receipts and ot	ınd Name:	mailing lists. We use	your information for project updates
Preferred Intermediary complete the CAF Canada does not be care tax receipts and ot Canada information understand that my gift to CAF Canada to its assets. All projects co	ind Name:	mailing lists. We use d like to opt out of re nd that CAF Canada has ult ependent discretion. I con	your information for project updates ceiving general news and ongoing Co

any donor information for any reason unless required by law. CAF Canada does not add donor information to internal mailing lists without express permission.