

*****CAFAmerica™ Gift Form*****

(Please print legibly or type)

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 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
 I enclose a description of a non-cash gift and confirm that details have been notified to CAFAmerica
or
 Please charge \$ _____ to my MasterCard or Visa
(These cards carry an extra 4% fee)

Name exactly as on card: _____
Account number: _____
Expiration date: _____
Signature: _____

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

Name of Organization: Pelagos Cetacean Research Institute
Address: Terpsichoris 21, 166 71 Vouliagmeni, Greece
Telephone number: +30-210-8960108
Fax number: +30-210-8960108
Contact name & Title: Dr Alexandros Frantzis – President
Activities of Organization: Conducts research on cetaceans (whales and dolphins) in Greece and the Mediterranean and organizes conservation efforts to protect them.

I understand that my gift to CAFAmerica becomes 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