

DONOR INFORMATION

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GIFT INFORMATION

Please check one (\$500 minimum gift amount except as listed at www.cafamerica.org , click Donate Now)

- 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: _____

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CAFAmerica applies an administrative fee to all gifts except as listed at www.cafamerica.org (click Donate Now):
8% from the first \$25,000; 4% from the next \$75,000; 1% of all funds over \$100,000 per donation

I SUGGEST MY GIFT BE USED TO SUPPORT:

- CAFAmerica
- The following charitable organization: __Westminster Synagogue_____

Address & contact information (including phone, fax and email): __Kent House, Rutland Gardens,_____
__Knightsbridge, London, SW7 1BX, England. Tel: +442075843953__Fax: +442075818012
__secretary@westminstersynagogue.org_____Contact: _Hilary Ashleigh_____

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: _____

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Please make copies of this form as needed. Send the form, together with your donation to:

CAFAmerica
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Alexandria, VA 22314 USA