

***** 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(s) 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 Visa (These cards carry an extra 4% Fee)

Name Exactly as on Card Exp. Date

Account Number

Signature

Please check the box below and complete.

I would like to suggest that CAFAmerica support the following organization (use one form for each charity suggested).

Name of Organization: THE IRISH WHALE AND DOLPHIN GROUP

Address: MERCHANTS QUAY

KILRUSH, CO. CLARE

Telephone Number 00353 86 8545450 Email: IWDG@eircom.net

Contact Name & Title DR. SIMON BERROW

Activities of organization MARINE CONSERVATION/EDUCATION

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.

Signature: _____ Date: _____

Please make copies of this form as needed. Please send the form(s) together with your gift(s) 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