



Charitable Care Foundation
6400 Barron Place, Gilroy, CA 95020
Phone: (408) 848-1534 • Fax: (408) 848-5815
A Non-Profit Organization, Tax ID: 77-0294733

Contact Information:

Full Name (First, last): _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

US Tax ID Number: _____ US Social Security Number: _____

Recipient Information:

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Fax Number: _____

Principal Contact:

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Fax Number: _____

Organizational Structure:

- Name of Organization
- Public Ltd.
- Private Ltd.
- Non-Profit

(Need legal proof of status e.g. By Laws, government issues, Tax ID # if applicable)

Organization Activity in Brief: (Submit official activity & summary)

Purpose of Foundation to be used:

Donation Information:

1. Amount Enclosed: US \$ _____

2. Mode of payment:

- Cash
 Check (Business or Personal)
 Credit Card: (Visa/MC only) _____ Expiry date: _____

3. Disbursement Cycle:

- Single
 Installment (3 Max)

Charitable Care Foundation (CCF) conditions:

1. Donor must be legal US resident or citizen.
2. Donation must be in US dollar.
3. Donor will be required to pay fees as donation to CCF in addition to target donation as per following schedule:

<input type="checkbox"/> \$1,000 to \$15,000	3%
<input type="checkbox"/> \$15,001 to \$30,000	2%
<input type="checkbox"/> \$30,001 and up	1%

(cumulative 12 months)
4. Official receipt with signature of responsible representative of recipient needs to be forwarded to official address of Charitable Care Foundation within 30 days of receipt of funds.
5. Donor will submit progress report showing legitimate and proper use funds. The report will be in presentable manner at interval of 120 days or earlier until the completion of the proposed project utilizing this fund.

Acceptance of Conditions:

I have read, understood and accepted the terms and conditions above set forth

(Signature)

(Date)

Accepted and Approved By:

Name _____ Signature: _____ Date: _____

Name _____ Signature: _____ Date: _____