

# GIFT TO THE NCHU FUND

Please utilize the website for online donation service: <https://give.nchu.edu.tw/give.php>



## SECTION I. DONOR INFORMATION

Name	ID number/ Unified Business Number	
Birth	Gender	
Mailing Address		
E-mail Address	Phone	
Business Organization	Job Title	
Title of Your Receipt	<input type="checkbox"/> I don't need a receipt	
Identity	<input type="checkbox"/> NCHU alumnus, Graduation Year _____; Department/Institute _____ <input type="checkbox"/> Faculty NCHU <input type="checkbox"/> Parents of Students <input type="checkbox"/> Corporate/Organizational Representatives <input type="checkbox"/> General Public <input type="checkbox"/> Other _____	
If you know the fundraiser, please provide his/her name here. _____		
Agree to publicize the contribution information (name, type of donor, and donate amount)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Periodic Gift/ Salary automatic deduction Receipt Delivery Preference: <input type="checkbox"/> Monthly delivery <input type="checkbox"/> Consolidated annual delivery		
【Privacy Policy Statement】In accordance with the Personal Data Protection Act of the Republic of China (Taiwan), you have the following rights: (1) Request inquiry or access (2) Request copies (3) Request supplementation of personal data statement. We collect personal information including name, title, and contact information for donation purposes, which will be permanently stored and used in Taiwan. Your provided personal information can be corrected or amended by our school. (4) Request to stop collecting, processing, and using (5) Request deletion. *I have understood and agree to provide personal information.		
Signature _____		Date _____

## SECTION II. DONATION DESCRIPTION

Donation Amount	<input type="checkbox"/> NTD\$ _____	<input type="checkbox"/> USD\$ _____
Please choose the project you would like to support: For other special purpose: <b>Doctoral Program in Biotechnology Industrial Management and Innovation (H5100)</b> _____		

## SECTION III. DONATION METHOD

<input type="checkbox"/> Check or Money Order: Please make your check payable to National Chung Hsing University. Write the check number No. _____, and mail the check to NCHU.
<input type="checkbox"/> Wire Transfer First Commercial Bank, Taichung Branch, 144 Tsu Yu Road, Sec. 1, Taichung, Taiwan, Account No.: 40130-089950 Account Name: National Chung Hsing University SWIFT CODE: FCBKTWTP401
<input type="checkbox"/> Salary automatic deduction (only for faculty) Monthly Donation Amount : _____, Total Donation Amount : _____ (From _____ year, _____ month to _____ year, _____ month, totaling _____ months) If you wish to deduct your donation from next month's salary, please submit the form to the Alumni Center by the 10th of the current month.
<input type="checkbox"/> Credit Card Issuing Bank : _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> JCB <input type="checkbox"/> Others _____ Card Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expiration Date : _____ year _____ month <input type="checkbox"/> One-Time Gift Donation Date : _____ year _____ month <input type="checkbox"/> Periodic Gift (Per Month) : <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months From _____ year, _____ month to _____ year, _____ month Monthly Donation Amount : _____, Total Donation Amount : _____ Signature _____
*Credit Card Recurring Payment: Fill out the paper donation form. The Alumni Center will assist with the first deduction via phone call. Subsequent deductions will be made by the bank monthly until the specified duration.

Please complete this form and return it to NCHU Alumni Center.

1. Mailing Address: National Chung Hsing University, Alumni Center, 145 Xingda Rd., Taichung 40227, Taiwan
2. TEL: 886-4-22840249#13; Fax: 886-4-22854119
3. E-mail Address: [alumni@nchu.edu.tw](mailto:alumni@nchu.edu.tw)
4. Line Pay, ATM transfer, Credit Card Periodic Gift: Welcome to our online donation website, or contact us if you have questions.