

GIFT TO THE NCHU FUND

SECTION I. DONOR INFORMATION

Name (Chinese)	Name (English)
Mailing Address	
Phone	
E-mail Address	
Business Organization	Job Title
Title of Your Receipt	
NCHU alumnus: Degree: _____ Year of degree _____; Department/Institute _____	
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	

SECTION II. DONATION DESCRIPTION

Donation Amount	<input type="checkbox"/> US\$ _____	<input type="checkbox"/> NT\$ _____
Please choose the project you would like to support:		
<input type="checkbox"/> 1. Scholarship Fund. (Department of Plant Pathology)		
<input type="checkbox"/> 2. Scholarship Fund. (Academic scholarship of Plant Pathology in memory of professor Shou Kung Sun)		
<input type="checkbox"/> 3. University Endowment For Academic Faculty, Development and Hardware Construction. (Department of Plant Pathology)		
<input type="checkbox"/> 4. Unrestricted-open to use for any purpose.		
<input type="checkbox"/> 5. For other special purpose: _____		

SECTION III. DONATION METHOD

<input type="checkbox"/>	<p>Check or Money Order : Please make your check payable to National Chung Hsing University.</p> <p>Write the check number No. _____, and mail the check to NCHU.</p> <p>Information: National Chung Hsing University, Alumni Center, 145 Xingda Rd., Taichung 40227, Taiwan</p>
<input type="checkbox"/>	<p>Wire Transfer</p> <p>First Commercial Bank, Taichung Branch, 144 Tsu Yu Road, Sec. 1, Taichung, Taiwan,</p> <p>Account No.: 40130-089950</p> <p>Account Name: National Chung Hsing University</p> <p>SWIFT CODE: FCBKTWTP401</p>
<input type="checkbox"/>	<p>Credit Card</p> <p>Issuing Bank : _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> JCB <input type="checkbox"/> Others _____</p> <p>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"/><input type="checkbox"/></p> <p>Expiration Date : _____ year _____ month</p> <p>Donation Date : _____ year _____ month</p> <p><input type="checkbox"/> One-Time Gift</p> <p><input type="checkbox"/> Periodic Gift (Month/Year) : NCHU will send you the receipt each month.</p> <p>From Date _____ to Date _____, Total _____ (Month/Year)</p> <p>Monthly Donation Amount : _____</p> <p>Signature _____</p>

Please complete this form and return it to NCHU Alumni Center, or contact us if you have questions:

1. Mailing Address: National Chung Hsing University, Alumni Center, 145 Xingda Rd., Taichung 40227, Taiwan
2. TEL: 886-4-22840249; Fax: 886-4-22854119
3. E-mail Address: alumni@nchu.edu.tw