



Taipei Medical University Donation Form

Date: / /

Donor data	(choose one)	Person	First name :	Service unit	Occupation		
			Last name :				
			E-mail :		I.D. number	Date of birth (mm/dd/yy)	__/__/__
		Organi- zation	First name :	Person in charge	Occupation		
			Last name :				
			E-mail :	Company tax I.D.	Date of birth (mm/dd/yy)	__/__/__	

Public acknowledgement of gift : yes no

Alumni: Graduation year: _____ Major/department: _____

Telephone: Workplace: _____ Home: _____ Fax : _____ Mobile : _____

Contact name : _____ Telephone : _____ E-mail : _____

Fund-raising affiliate name : _____ Telephone : _____ E-Mail : _____

Name on tax receipt (personal / organization)	<input type="checkbox"/> Same as the donor's name, or:	I.D. number or company tax I.D.	
---	--	---------------------------------	--

Mailing address:

Amount donated Donating regularly from _____ (mm) ____ (yy) to _____ (mm) ____ (yy) for a total of ____ months.Monthly: 500NT 1000NT 2000NT Other: _____NT monthly, total of ____NT

* Receipts will be mailed at the end of each year for regular monthly donors.

 Donating once: donating _____NT dollars.Specified use: **Grantee : Dr. Yen-Chou Chen Scholarship Fund at the Taipei Medical University**Payment method: **Credit card:** VISA MasterCard JCB U CARD Bank : _____

CVV number _____ (3-4) Card number : _____ - _____ - _____ - _____ (16 digits)

Exp. date : ____/____ (mm/yy) Signature : _____ (must match signature on credit card)

 Payroll deduction **Bank transfer:**

Beneficiary bank : SinoPac Bank (Sanxing branch), Account name : Taipei Medical University,

Account no. : 014-008-00384878

 Postal transfer: Account no. : 18415001 , Account name : **Taipei Medical University**

Please include in comments section: Contact phone no., address, receipt title, I.D. number or company tax I.D.

 ATM transfer: Beneficiary bank : 807 SinoPac Bank (Sanxing branch) , Account name : **Taipei Medical University,**

Account no. : 147-004-0003639-6 (once ATM transfer is complete, please fax ATM receipt and last five numbers of account no. in order to receive receipt from TMU)

 Check: Please make out to: **Taipei Medical University** **Cash**© Contact : Chuang wei wei chuangww@tmu.edu.tw

© Phone : +886-2-2736-1661 #2751; hotline: +886-2-2739-7285; Fax : +886-2-2739-6386

© Address: No. 250, Wuxing Street, Taipei 11031, Taiwan (Public Affairs Office)

TMU Personal Information Disclaimer Signature : _____

TMU Personal Information Disclaimer

Thank you for your donation. As a way of showing our appreciation, TMU shall collect, maintain, update and file your personal information. Once your donation amounts accumulate over a certain number and reach the standards for further acknowledgement or the Minister of Education Award, TMU will pursue these to honor your gifts with various means such as a plaque with your name, or will request an award from the Minister of Education as a way to express our deepest gratitude.

- **Scope of personal information :** Name of donor, personal I.D. number (or passport number), date of birth, telephone, fax, e-mail, address, payment method (credit card number, etc.), alumni department, graduating year and service unit (C001 、 C002 、 C003 、 C011 、 C031 、 C038 、 C051).
- **Use of personal information:**
- **Time period :** Forever. To be used as a point system. Various honors will be given when donation amount accumulates over a standard amount.
- **Place :** TMU only.
- **Method :** Shall be used to write and mail receipts, thank you letters and souvenirs, and to display public gratitude via TMU's websites and magazines. The contact telephone number and e-mail address will be used to send invitations to TMU's celebration events. If payment method is through credit card, TMU will deduct credits from financial institutions.
- **Right to personal information :** According to the 3rd personal information protection law, you are allowed to contact TMU's Public Affairs Office to examine, copy, change, and request the deletion or termination of our collection and processing of personal information. To do this, call: (02) 2736-1661, ext. 2650; Fax : 0800-501-050 (toll free) or (02) 2739-6386; or e-mail : alumni@tmu.edu.tw.

Regarding your personal information: if this is incomplete, it may affect our ability to provide these services to you. Please sign and return this form when you agree to provide your personal information. If not, TMU shall follow the regulations of the personal information protection laws and will be unable to provide our appreciation and acknowledgement services to you.



臺北醫學大學捐款單

(抵免臺灣稅款適用)

填表日期：____年____月____日

資料填妥後請傳真、E-mail 或郵寄至本校公共事務處

基本資料	姓名	身份證號	職稱	生日	年	月	日		
	服務單位 (機構名稱)	統一編號	機構負責人 姓名與職稱						
	身分別	<input type="checkbox"/> 個人 <input type="checkbox"/> 企業 <input type="checkbox"/> 機關團體 <input type="checkbox"/> 員工 <input type="checkbox"/> 校友，民國____年____系所畢業							
	聯絡方式	公司：	住家：	傳真：	手機：				
	電子信箱			本校勸募 者姓名					
	通訊地址	縣市	鄉市鎮區	路街	段	巷	弄	號	樓之
	聯絡人/秘書	姓名：	電話：	E-Mail：					
	捐款徵信	是否同意將姓名、捐助金額、用途刊登於本校網站及刊物？ <input type="checkbox"/> 同意 <input type="checkbox"/> 匿名							
收據	<input type="checkbox"/> 同捐款人姓名、身分證字號 <input type="checkbox"/> 同服務單位(機構名稱)、統一編號 <input type="checkbox"/> 其它，抬頭：_____身分證/統一編號：_____								
	寄送地址： <input type="checkbox"/> 同通訊地址 <input type="checkbox"/> 其他：_____								
捐款內容	捐款金額	<input type="checkbox"/> 一次捐款新台幣_____元整。 <input type="checkbox"/> 定期捐款每 <input type="checkbox"/> 月/ <input type="checkbox"/> 年：新台幣_____元整，自民國____年____月起至____年____月止，共____個月/年，合計新台幣_____元整。							
	指定用途	<input checked="" type="checkbox"/> 培植國際影響力種子基金-陳彥州教授獎學金							
捐款方式	<input type="checkbox"/> 現金	請洽公共事務處(02)2736-1661#2650 財務蔡雪萍小姐							
	<input type="checkbox"/> 支票	【抬頭：財團法人臺北醫學大學】							
	<input type="checkbox"/> 薪資扣款	限本校專任教職員適用							
	<input type="checkbox"/> 郵政劃撥	【帳號：18415001，戶名：財團法人臺北醫學大學】請於「通訊欄」加註：連絡電話、地址、收據抬頭、身份證字號或統一編號、捐款用途。							
	<input type="checkbox"/> 銀行匯款	【受款銀行：永豐銀行三興分行(銀行代碼 807)，戶名：財團法人臺北醫學大學，帳號：147-004-0003639-6】							
	<input type="checkbox"/> ATM轉帳	銀行帳號同銀行匯款， ATM轉帳請填寫帳戶後五碼(必填) _____以利對帳							
	<input type="checkbox"/> 信用卡	發卡銀行：_____卡別： <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> JCB <input type="checkbox"/> U CARD <input type="checkbox"/> AE 卡號：_____ — _____ — _____ — _____ 共16碼) 有效期限：_____月_____年(西元)，持卡人簽名：_____ (須與信用卡簽名一致)							
	<input type="checkbox"/> 網路信用卡	線上捐款： https://reurl.cc/7rXN11							
<input type="checkbox"/> 私校興學	透過財團法人私立學校興學基金會指定捐贈臺北醫學大學(請洽公共事務處，須另填表單)(適用：個人捐贈總額超過綜合所得總額 20%，營利事業捐贈總額超過所得總額 10%)								

■聯絡人：莊薇薇 chuww@tmu.edu.tw 電話:(02)2736-1661#2751 專線電話(02)2739-7285 傳真(02)2739-6386

■地址：11031 台北市信義區吳興街 250 號 (臺北醫學大學公共事務處)

※我_____ (請簽名)同意附表「臺北醫學大學個人資料告知聲明」，詳見 QRcode

