



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.