

# Donation Form of Gachon University

## [Donor Information]

Name	First		Date of birth	month( )day( )year( )
	Middle			
	Last			
Personal Information	Address			
	E-mail		Telephone No.	
Company Information	Name			
	Department		Position	
Donor is	<input type="checkbox"/> Alumni (Major _____ Year of entrance _____ )			
	<input type="checkbox"/> Family member or friend of Alumni (Alumni's name _____ Major _____ Year of entrance _____ )			
	<input type="checkbox"/> Our staff (Department _____ ) <input type="checkbox"/> Others ( _____ )			

## [I wish to make a contribution of]

Amount of Gift	Won (₩ _____ )			
	<input type="checkbox"/> full amount <input type="checkbox"/> monthly installments ( ₩ _____ × _____ month ) The first payment will be _____(month) _____(day) _____(year)			
Purpose of Gift	<input type="checkbox"/> Development Fund    ※ Delegate the use of funds to Gachon University.			
	<input type="checkbox"/> Designated Fund ( _____ )			
Method of payment	<input type="checkbox"/> Automatic withdrawal (CMS)	Bank Name		Account holder
		Account No.		Withdrawal date
	<input type="checkbox"/> Make a deposit	Hana Bank 000-000-000    Account holder: Gachon University (Expected remittance date: _____ month _____ day _____ year) Swift Code: _____		
<input type="checkbox"/> Deducted from salary	※ Staff only			
Donation recommender	Name	E-mail		

## [Privacy policy]

■ Gachon University collects and uses personal information pursuant to Articles 15 and 24-2 of 「Personal Information Protection act」

### ■ Agree to collect and use personal information

- Purpose of Collection and Use:  
Managing sponsorships, Honorable treatment, Sending promotional materials, Receipt issuance, Tax handling, etc
- Collection list  
★ Requirements: Name, Phone number, E-mail, Address  
★ Selection: All items except the required items above
- Collection period: Semi-permanent
- You may disagree with the purpose of collecting and using personal information. However, if the required information is not entered, it cannot be registered in the donation list.

★ Collect&use personal info.     Agree     Disagree

### ■ Agree to provide personal information to third parties (only if you apply for automatic transfer - CMS)

- Where to Get Offered: Korea Financial Telecommunications and Clearings Institute
- Information provided  
Name, Bank name, Account number, Account holder  
Date of birth, Telephone number
- Collection period : Until the donation period
- Purpose of Offerings: Payment of Gift
- You may disagree with the providing of personal information to third parties. However, if the required information is not entered, It is not withdrawn from the bank account.

★ Collect&use personal info.     Agree     Disagree

I wish to make a contribution of Gachon University Development Fund as above.

\_\_\_\_\_ month    \_\_\_\_\_ day    \_\_\_\_\_ year

Doner \_\_\_\_\_ (signature)