**National Chung Hsing University In-Kind Donation Form**

**SECTION I. DONOR INFORMATION (Fields marked with \* are mandatory)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DONOR** | **\*** Name |  | **\*** Birth |  |
| **\***ID number/ Unified Business Number |  | **\*** Phone  |  |
| **\*** Identity | □NCHU alumnus, Graduation Year ; Department/Institute □Faculty NCHU □Parents of Students □Corporate/Organizational Representatives□ General Public □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **\***Mailing Address |  |
| **\***Business Organization |  | Job Title |  |
| **\***E-mail Address |  |
| **\***Contact Person |  |
| \*Agree to publicize the contribution information (name, type of donor, and donate amount)? □Yes □No |
| 【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 Details**

|  |  |  |
| --- | --- | --- |
| **\***Donation Items | □Property | □Land \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Buildings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Machinery and Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Transportation Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Miscellaneous Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Securities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Books/Periodicals of Archival Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Items | □Non-Consumables \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Consumables \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| □Others | □Repairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD□Others (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD |
| **\***Total Amount | □Total in NTD \_\_\_\_\_\_\_\_\_\_\_\_\_\_NTD□Total in Foreign Currency \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Exchange Rate \_\_\_\_\_, Equivalent to NTD \_\_\_\_\_\_\_\_\_\_\_ |
| **\***Purpose of Donation | □Unspecified (managed by the responsible unit)□Specified Beneficiary Unit \_\_\_\_\_\_\_\_\_\_\_\_ Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\***Certificate | □Required □Not Required  |
| Document or Attached Correspondence Showing Donor's Intent Document Number: |  |

If you have any questions, please call 04-22840249 ext. 13, we will be happy to assist you, thank you!

 (This form is for internal administrative use only and cannot be used as a donation receipt)