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| ­ Taipei Medical University Donation Form  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 Date:　 /　 　/ | | | | | | | | | | |
| Donor data | (choose one) | Person | First name： | | Service unit |  | | Occupation | | |
| Last name： | |  | | |
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| **Public acknowledgement of gift：□ yes □ no** | | | | | | | | |
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| 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：** | | | | | | | | | | |
| 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：Tiffany Wang [tiffany14@tmu.edu.tw](mailto:tiffany14@tmu.edu.tw) * Phone：+886-2-2736-1661 #2652; Fax：+886-2-2739-6386 * Address: No. 250, Wuxing Street, Taipei 11031, Taiwan (Public Affairs Office) | | | | | | | | | | |

Signature：

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