

Monthly Donation Scheme Confirmation of Donation

Please complete and fax to (852) 2364 5467 or email to almail@polyu.edu.hk or send to Alumni Affairs and Development Office, Room M1504, 15/F, Li Ka Shing Tower, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong

For AADO Use

A/SF/ST/OTH

Received Date:

Donor Identity:

Serial No .:

Donor ID :

(Please "						
Purpose of Donation (P University Developmen Faculty/ School/ Depart Designated to a specific	t 🛛 Student Development	evelopment (Teaching and Le	0,	🗆 Bursa	ry	
Monthly Donation Amount						
□ HK\$100 □ HK\$200	□ HK\$300 □	Other amount Hk	K\$			
Donor's Information						
Type of Donor:	□ Individual	□ Individual □ Organization				
Name of Donor:	\Box Prof. \Box Dr	$\Box Ir \Box Ir Prof.$	\Box Ir Dr \Box Miss	\Box Mr \Box Mrs \Box	Ms	
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Position:			(Eng)		(Chi)	
Name of Organization:						
Name of Contact Person:	\Box Prof. \Box Dr	\Box Ir \Box Ir Prof.		\Box Mr \Box Mrs \Box		
(if any)					、 ,	
Position:						
Tel No.: Email:		(Office) (Mobile)				
Mailing Address:		Fax No.:				
Affiliation with PolyU:	PolyU Alumnus PolyU Staff					
(if applicable)	Year of Graduation: Staff ID:					
(upp)	Department/School/Faculty:					
Payment Method	1	<i></i>				
č	U VISA Card	🗆 VISA 🛛	MasterCard			
Name of Card holder (as shown on the credit card):						
Card No.:						
I/We hereby authorize PolyU to debit the above credit card account monthly according to the above donation amount until further notice. Monthly donation will be processed on 26th each month. I/We agree that any notice of cancellation or variation of this authorization shall be given to PolyU in writing at least 5 working days prior to the date on such cancellation/variation is to take effect.						
Name on Donation Receipt:						
An annual donation receipt will be issued by The Hong Kong Polytechnic University in April for tax deduction purposes.						
Donor Acknowledgement						
Donors who have made cumulative donations of HK\$20,000 or above to the University since November 1994 shall be honoured						
as a member of The Hong Kong Polytechnic University Foundation (PolyU Foundation). Please refer to						
www.polyu.edu.hk/aado/polyufoundation for details.						
					membership fistings.	

□ I/ Our Organization* would like to remain anonymous in donor and membership listings, if any.

Declaration in relation to Application for the Government's Matching Grant

□ I/ Our Organization* acknowledge(s) and agree(s) that if eligible, PolyU will apply for a grant that matches this donation from the Government or its related bodies including the University Grants Committee, by submitting details of my/ our* donation and that I/ our organization* have/ has no objection to the disclosure of my name/ our organization's name*, purpose and details of my/ our* donation to the Government or its related bodies.

Please read our Personal Information Collection Statement at www.polyu.edu.hk/aado/PIC.pdf.

Use of Personal Data in Direct Marketing

The Hong Kong Polytechnic University would like to use your name, address, telephone number, fax number and email address to inform you of the following activities, services and facilities (collectively, "the marketing subjects"):

Activities, seminars or workshops organized by us alone, jointly with our parties or by other parties; privileges, discounts and offers for services provided by us alone or jointly with other parties; and charitable, educational, social and other activities that solicit contributions, donations or participation.

We cannot use your personal data for sending information on the above marketing subjects to you unless we have received your consent, Please tick the box below to indicate your agreement for us to use your personal data to send you information on the above marketing subjects.

You may withdraw from receiving information on the marketing subjects indicated above at any time by sending an email to the Departmental Personal Data Officer at alumni@polyu.edu.hk.

□ I agree The Hong Kong Polytechnic University to use my personal data to send me information on the marketing subjects indicated above.

Authorized Signature:

Date: _____