

Donation Form

For DAO use				
Received Date				
REQ No.				
Donor ID				

* Please "*" or delete where appropriate

Donation Amount						
I / Our Organization* would like to make a donation of HKD / USD / CNY / Others* for						
☐ University Developme	nt 🗆 Academic & Research 🗆 Stu	dent Development	☐ Scholarship / Bursary	<u> </u>		
☐ Alumni Endowment Fu	nd □ Arts & Culture □ Spe	cific School / Department				
☐ Other Project / Program	nme / Activity					
Acceptance of donations is subject to the approval of the University. Any donations that are not accepted will be returned to the respective donor.						
Donation Method						
Payment Schedule						
\square One-off donation						
☐ Donation by instalmen	ts \square monthly, from $\underline{\hspace{1cm}}$ (mm) $\underline{\hspace{1cm}}$ / $\underline{\hspace{1cm}}$ (yy) to $\underline{\hspace{1cm}}$			months		
			/ CNY / Others* \$ x			
	□ ongoing, from /, HKD	/ USD / CNY / Others* <u>\$</u>	per month / yed	ır*, until further notice		
Payment Method						
By cheque made payable to "The Hong Kong University of Science and Technology" and send together with this form duly completed to the Development and Alumni Office, The Hong Kong University of Science and Technology, Clear Water Bay, Kowloon, Hong Kong.						
Bank Cheque No.						
☐ By credit card						
-,						
Name of Cardholder						
Credit Card No.		-	-			
Card Validation No. (3	ligits) Expiry Date (MM/)	Y)/				
	by authorize HKUST to debit the above donation amount f this authorization shall be given to HKUST in writing at le					
	· · · · · · · · · · · · · · · · · · ·	ast 5 Working days prior to the do	ite on such cuncellation / variation is	to take effect.		
Signature of Cardholo By bank direct transfel	-					
-,	to the bank account of HKUST g Bank 024-361-008071-669 HASEHKHH /	Foreign Currency : Bank of C	hina (Hong Kong) 012-896-9-2002	200-0 BKCHHKHHXXX		
Donor Particulars	g ,		(g g, e			
Type of Donor	☐ Individual ☐ Org	anization				
	Prof. 教授 / Dr 博士 / Mr 先生 / Mrs 太太 / Ms 女士	/ Miss 小姐*				
	1101. 3XX 7 D1 14 ± 7 1011 70 ± 7 1011 3 XXX 7 1013 XX 2					
Name		(ENG)		(中文)		
Position		(ENG)		(中文)		
Name of Organization		(ENG)		(中文)		
Name of Organization		(LNG)		(+X)		
For HKUST Alumni	Alumni ID Gra	duation Year	Degree			
	Prof. 教授 / Dr 博士 / Mr 先生 / Mrs 太太 / Ms 女士	/ Miss 小姐*				
Name of Contact Person		(ENG)		(中文)		
(if different from the above)		(2110)		(12)		
Position (if different from the above)		(ENG)		(中文)		
Name of Organization		(ENG) (中文)				
(if different from the above)	(ENG)(中文)					
Contact Email	Contact Tel.					
Correspondence Address						
•						
Acknowledgement The University is a charitable ins	titution under Section 88 of the Inland Revenue Ordinance	(Cap 112, Laws of Hong Kong), A	An official electronic receipt with the	amount over HK\$100 will		
	ent to your contact email. Donors who wish to claim tax d		an omoral oround roompt man and	a		
Name on Donation Receipt						
	zation may be revealed in the University publications or we			and Technology Foundation		
(the "Foundation") may also acknowledge donors who have made cumulative donations of HK\$50,000 or above as members of the Foundation. Please indicate your preferred name in the donor listings (ENG)						
r rouse maneute year present				Remain Anonymous		
			(中文)			
Declaration						
	eby confirm(s) that there will be NO condition attached	d to this donation				
✓ I/Our Organization* hereby confirm(s) that there will be NO condition attached to this donation. ✓ I/Our Organization* acknowledge(s) and agree(s) that HKUST may apply for grant matching, if applicable, from the HKSAR Government or its related bodies or						
other non-government bodies with the donation made by me / our organization.						
I/Our Organization* acknowledge(s) and agree(s) that HKUST may use my personal data for the purposes stated on the University Data Privacy Policy Statement (https://dataprivacy.hkust.edu.hk/university-data-privacy-policy-statement).						
	personal data privacy policy, please contact the University	ersity's Data Privacy Officer an	d email to <u>ispdpo@ust.hk</u> .			
Confirmed by Donor/ Authorized Representative of the Organization						
	<u>-</u>		On	line Donation Form		
			011			
Signature of Dono	/ Authorized Representative of the Organization		Dotte			
•	vith company chop, if applicable)		Date	国际域型		