

 $\square$  Please " $\checkmark$ " the appropriate box.

## LEE WOO SING COLLEGE THE CHINESE UNIVERSITY OF HONG KONG "WS PEOPLE FUND" DONATION FORM

Note: Please complete this donation form and mail to

College Office, Lee Woo Sing College, The Chinese University of Hong Kong, Shatin, N.T. Hong Kong For enquiry, please e-mail Lee Woo Sing College at <a href="www.wscollege@cuhk.edu.hk">wscollege@cuhk.edu.hk</a> or call (+852) 3943 1504.

Part 1 - Donor Particulars			
Donor Name: (Prof./Dr./Mr./Ms./Mrs.)	English: 中文:	_	
	☐ I wish my gift to be "Anonymous"		
Donation Receipt:	☐ Yes, name of donation receipt:	or 🗆 same as donor name	
	☐ No, donation receipt is not required.		
	Donation in the amount of HK\$100 or above will be issued with an official receipt by The Chinese University of Hong Kong for tax exemption. The receipt will be sent to the address below.		
Contact Method:	Name of contact person:	(if different from donor name)	
	Mobile phone no.: Email address:		
Correspondence Address:	In English:	;	
	or		
	中文:		
Are you alumni of CUHK:	☐ Yes (Graduation year:;	-	
		)	
	□ No		
Part 2 – Donation Method			
To: WS People Fund - I am	pleased to donate HK\$	by	
□ Crossed cheque payable to "The Chinese University of Hong Kong" or 「香港中文大學」			
_	; Name of the Bank:		
☐ By credit card payn	nent (Please complete Part 4 of the donation	form)	
3. Please double check and m		is correct;	

Part 3 - Donation Purpose			
I would like designate my donation to support WS People Fund in the following area:			
☐ College development ☐ College scholarship and bursary			
Part 4 – Credit Card Payment Authorization			
To: WS People Fund - I, the undersigned, hereby authorize The Chinese University of Hong Kong to debit from my credit card account per details below for donation payment to the Fund.			
	HK\$		
	☐ One-off donation		
Total Amount to be Debited:	☐ Monthly from to (MM/YYYY)		
	□ Quarterly from to (MM/YYYY)		
	☐ Annually from to (YYYY)		
Credit Card No.:			
Card Expiry Date:	/ (MM / YY)		
Name Printed on Credit Card:			
Signature of Card Holder:	(Please use authorized signature as on your credit card)		
Part 5 – Personal Information Collection Statement  The information collected in this form will be used for purposes of donation and other related activities. No personal data shall be disclosed to other organizations or individuals without your prior consent.			
You have the right to request access to and correction of information about you held by us. If you wish to access or correct your personal data, please e-mail to <a href="wscollege@cuhk.edu.hk">wscollege@cuhk.edu.hk</a> .			
☐ I do not wish to be contacted by Lee Woo Sing College for direct marketing purposes relating to solicitation of donations and / or promotion of activities of the College.			
Signature of Donor: Date:			
For Office Use			
Received by:	Signature: Date:		