**Donation Form**

 Number of words for inscription:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Small Leaf | Medium Leaf | Large Leaf | Chair |
| English Alphabets | **28** | **32** | **36** | **25** |
| Chinese | **8** | **10** | **12** | **8** |

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| **Donation Details** |
| **Donation Amount (HK$):**  |  |  |
| *þ Please check the appropriate boxes; for more than one option:* |
| □ **Support to Project** (please specify): |  |  |
| □ **Student Scholarships** (Name, if applicable): |  |  |
| □ **Student Bursaries** (Name, if applicable): |  |  |
| □ Support to The Education University of Hong Kong Foundation (undesignated purpose) |
| □ **“Development tree & Adopt-a-seat” programme** **(One-off donation; select one)** |
|  Development tree - □ $500 (Small Leaf) □ $1,000 (Medium Leaf) □ $3,000 (Large Leaf) |
|  Adopt-a-seat - □ $10,000 (Chair at lecture theatre – Row 1 to 5) □ $5,000 (Chair at lecture theatre – Row 6 to 12) |
|  Words for inscription (please refer to the information on the top): |  |  |
| □ **“**Endow-a-Tree**”** Programme $50,000 |
| □ **“Regular Giving” programme** (only applicable to payment through credit card) |
|  □ Monthly donation (HK$) |  | for |  | month(s)  |
|  □ Monthly donation (HK$) |  | until further notice |
|  Remark: If your monthly donation accumulates to HK$500, you will be entitled to support a “Monthly Donation Leaf”. |
| □ **Others** (please specify): |  |  |
| *I acknowledge and agree that The Education University of Hong Kong will apply for a matching grant, if applicable, from the Government or its related bodies including the University Grants Committee with the donation(s) made by me.* |
| **Donor Information** |
| Type of Donor:  | □ Individual (Title: □Prof □Dr □Mr □Ms □Mrs □Miss □Others, please specify:  | ) |  □ Organisation  |
| □ I wish to remain anonymous in all donor listings. |
| Donor Name: | (English) |  | (Chinese) |  |  |
| Name of Contact Person (if different from above): | (English) |  | (Chinese) |  |  |
| Mailing Address: |  |  |
| Organisation Name (if applicable):  |  | Position:  |  |  |
| Tel:  |  | Fax:  |  | Email:  |  |  |
|  |
| **Affiliation with EdUHK** |
| Donor/ Donating organisation director and/or shareholder: □ Not affiliated with EdUHK. |
| □ Affiliated with EdUHK. Name:  |  | Position:  |  |  |
| Please provide the details below: |
|  □ Alumnus / Alumna | (Programme:  |  |  Year of graduation:  |  |  College of Education: |  | ) |
|  □ Staff  | □ Student (Student ID:  |  | ) | □ Parents of student  | □ Others (please specify): |  |  |
|  |  |  |  |  |  |  |  |
| **Donation Method (*Please select one of the following options*)** |
| □ Credit Card: □ VISA □ MasterCard |
|  Cardholder’s Name: |  |  Card Number: |  |  |
|  Expiry Date (mm/yy):  |  |  Cardholder’s Signature: |  |  |
| □ Crossed Cheque: Payable to **“The Education University of Hong Kong” (**Cheque Number: ) |
| □ ATM Transfer/Bank-in: **Hang Seng Bank** Account: **024-267-170330-668** |
| ***Remark***:Please keep a copy of this form for your reference and **send this form, together with the original deposit receipt with full name and phone number written at the back, if applicable, by mail to Alumni Affairs & Development Office, The Education University of Hong Kong, 10 Lo Ping Road, Tai Po, New Territories, Hong Kong.**An official receipt will be issued for a donation amount of HK$100 or above for tax deduction purpose. If you do not receive the official receipt two months after the submission of this form, please contact Ms Maggie Man of the Alumni Affairs and Development Office at (852) 2948 6049 or email at aado@eduhk.hk. |
| **Personal Data Collection Statement:** Please be assured that the data provided by you will be treated and kept strictly confidential, in accordance with the relevant provisions of the Personal Data (Privacy) Ordinance. The data collected from you will be used for administration, alumni affairs, fundraising and other related purposes by our office, and may be shared with internal departments and constituent units of EdUHK, as well as Third-Party Service Providers (which are responsible to our office under an obligation of confidentiality) for the aforesaid purposes. We will not disclose any personal information to external bodies (excluding the aforesaid Third-Party Service Providers) unless you have been informed or we are required to do so by law. The collected data will be kept permanently until it is no longer necessary for the fulfillment of the purpose for which the data are to be used. Please note that it is voluntary for you to provide the personal data required. You have the right to request access to and correction of information held by us about you. If you wish to access or correct your personal data, please send email at aado@eduhk.hk. Please find the details of The University Privacy Policy Statement at <https://www.eduhk.hk/en/privacy-policy>.□ I do not agree that my personal data to be used by your office for information dissemination or promotional purposes.Donor’s Signature: ­­­­­­­ Date:  |

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