



# Seoul National University Foundation, Inc.

Name of the Donor			
Relationship to SNU	<input type="checkbox"/> Alumni / Alumna	Department / School : College :	Year of Entrance :
	<input type="checkbox"/> Other		
Address (Mailing address)			
Contact	Home : Mobile :	Office : E-mail :	
Amount of Donation	\$ _____	<b>Non-cash</b> (Stocks, properties, etc.)	
Schedule of Payment	<input type="checkbox"/> Payment in Full (Date of payment : _____ / _____ / 20____ ) <small>dd mm yy</small>		
	<input type="checkbox"/> Check Enclosed (Please make payable to SNU Foundation, Inc.)		
	<input type="checkbox"/> Credit Card (Please charge my credit card payable to SNU Foundation, Inc.) Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Card #: _____ Expiration Date: _____ (mm/yy) CVC #: _____ Holder Name: _____ (signature) <small>3 or 4-digit number Signature for credit card authorization</small>		
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	<input type="checkbox"/> Remit by check to	1430 Broadway, Suite 306, New York, NY, USA 10018	
<input type="checkbox"/> Transfer to	Please contact us.		
<input type="checkbox"/> Securities and other assets	Please contact us.		
Preferred Use of Donation	Allocation	<input checked="" type="checkbox"/> <b>선한 인재 장학금</b> (Use the entire amount according to the donor's wish) 가계소득 1분위 이하 *학생(기초 생활 수급자, 차상위계층 등)의 생활비를 지원하는 용도 * 수혜대상은 보건복지부 '사회보장정보시스템' 을 기준으로 선정됩니다.	
	Name of Fund (Only for contracted amounts over US \$100,000):		

♣ SNU Foundation, Inc. is a 501(c)(3) non-profit organization, and all gifts are deductible to the extent provided by the law.

I hereby agree to donate the above-mentioned amount to Seoul National University Foundation, Inc.

Donor: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_  
(dd/mm/yy)

\* 본 참여신청서를 작성하여 팩스, 이메일로 전송하거나 발전기금 재단으로 송부해 주십시오.

