**Seoul National University Foundation, Inc.**

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| Name of the Donor |  | | | | | | | | | | |
| Date of Birth |  | | | | | | | | | | |
| Relationship to SNU | □ **Alumni/**  **Alumna** | College(Graduate School):  Department: | | | | | |  | | Year of Entrance: | |
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| Address  (Mailing address) |  | | | | | | | | | | |
| Contact | **Home:**  **Mobile:** | | | | **Office:**  **E-mail:** | | | | | | |
| Preferred Use of Donation | Where to  Support | 1. | □ Entrust to university | | | | | | | | |
| □ Select (college, research center, etc.) [ ] | | | | | | | | |
| Purpose of Donation | 2. | □ Academic Research | | | | □ Scholarships | | | | □ Libraries |
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| □ Others [ ] | | | | | | | | |
| State of  Donation | 3. | □ Use the entire amount according to the donor’s wish | | | | | | | | |
| ※ If you are considering establishing an endowment and use only the earnings,  please let us know first. | | | | | | | | |
| Name of Fund (Only for contracted amounts over US$ 100,000): | | | | | | | | | | |
| Amount of Donation | **$** | | | | | | | | | | |
| Payment Schedule | □ **Payment in Full** (Date of payment: / / **20** )  dd mm yy | | | | | | | | | | |
| □ **Payment in (monthly/quarterly/yearly) installments**  ( times, during / / 20 ~ / / 20 )  dd mm yy dd mm yy | | | | | | | | | | |
| Payment Methods | □ **Check** **Enclosed** (Please make payable to **Seoul National University Foundation, Inc.**)  Mail to ***‘222 Bridge Plaza South 720, Fort Lee, New Jersey, NJ 07024’*** | | | | | | | | | | |
| □ **Credit Card**  Please write down a valid e-mail address: @  We will send you credit card authorization form via e-mail. | | | | | | | | | | |
| □ **Transfer:** | | | ● Bank Name: Shinhan Bank, Manhattan Br.  ● Address: 313 Fifth Ave. New York, NY 10016  ● Account Number: 115-6-000805 (Routing No. : 026011963) | | | | | | | |
| □ **Securities and**  **other assets:** | | | Please contact 212-768-9144 or e-mail michelle@klcpagroup.com | | | | | | | |
| ♣ **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** : **Date :**

(signature)

(dd/mm/yy)

**미주재단 연락처**

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