**Torch Trinity Gift/Pledge Form**

♧Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  □ Anonymity |  | | **Foreign ID No.**  **(for tax-deduction)** |  |
| **Relationship** | □ Alumnus □ Student □ Faculty/Staff □ Other ( ) | | | |
| **Contact Info** | Mailing Address  □ Home □ Office |  | | |
| Phone(□ Home □ Office) Cell Phone | | | |
| E-mail | | | |

♧Gift/Pledge Amount and Option

|  |  |
| --- | --- |
| **Amount** | (□ USD, □ \ ) |
| **Option**  **(How my gift should be used)** | □ Development fund \*School will determine where the need is greatest. |
| □ Building □ Scholarship □ Research □ Book □ Other Projects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

♧Payment Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ **One-time Gift** | By MM / DD / YYYY  **Woori Bank 1005-784-789012** **(Torch Trinity Graduate University)** | | | | |
| □ **Monthly Pledge**  (CMS, Automatic  Withdrawal**)** | Duration | □\_\_\_months □ 1year □ 2years □ 5years □ 10years □ lifetime □ other \_\_\_\_\_\_\_\_ | | | |
| Amount | \ /month | Bank Name Account No. | |  |
| \*What date of the month: □ 15th □ 30th | | | \*Start Month (MM/YYYY) \_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**□ Agreement to Collect and Use Personal Information** Contents of this pledge form, including your personal information, will only be kept for the administration of this fund such as the issuance of receipt.

**□ Agreement to Collect and Use and Provide Personal Information for Financial Transaction (Automatic withdrawal, CMS)**

|  |
| --- |
| **Agreement to Collect and Use Personal Information**   * Purposes of collection and use: Payment by drawing transfer of Cash Management Service * Contents of collection: Name, date of birth, phone number, cellphone number, bank name, account number * Period to retain and use: Required information as above will be retained and used from the day consented to collection and use until 5 years after the end (cancellation date) of automatic withdrawal by CMS   \* You have a Right to refuse collection and use of your personal information indicated above, financial transaction could be rejected if you exercise the right to refuse.  **□ I agree □ I do not agree** |
| **Agreement to Provide Personal Information to KFTC (Korea Financial Telecommunications & Clearings Institute)**  Your personal information will be provided to Korea Financial Telecommunications & Clearings Institute   * Purposes of use of your personal information: To be used for Cash Management Service of drawing transfer & check of withdrawal consent, new registration of drawing transfer & notice of cancellation * Contents to be provided: Name, date of birth, phone number, cellphone number, bank name, account number * Period to retain and use: Required information as above will be retained and used until purposes of the provision of CMS drawing transfer service & check of withdrawal consent are achieved.   \* You have a Right to refuse the provision of your personal information indicated above to KFTC and financial transaction could be rejected if you refuse to provide to KFTC.  **□ I agree □ I do not agree** |

**I pledge the above gift for TTGU.**

**MM / DD / YYYY**

**Name: (Signature)**