

KU PRIDE CLUB DONATION FORM

DONOR'S INFO

Name (Korean) _____ Name (English) _____

Major/Dept. _____ Year Admitted into KU _____

E-mail _____ Mobile _____

Address _____

Monthly Donation (1 account = \$10/month)

1account 3accounts 5accounts 10accounts

20accounts (Living Expenses Scholarship For one Student a month)

30accounts 100account

etc. (_____ accounts)

* With your consent, automatic charges will be made from your credit card.

VISA MASTER AMERICAN EXPRESS DISCOVER

Card No. _____

Exp. Date _____

Name on card _____

Verification Number* _____

Billing Address (If different from above)

Signature _____

* For Visa and Master, last 3 digits in the signature area of the back of the card. For Amex, 4 digits on the right above the card number in the front.

One-time Donation

Donation \$ _____

Please send the check with this Form to IFKU Office

Payable to International Foundation for Korea University, Inc.

Mailing Address

International Foundation for Korea University, Inc.

3435 Wilshire Blvd., Suite 480

Los Angeles, California 90010

I hereby acknowledge that the above information is true and I agree to pay the indicated amount to "KU PRIDE CLUB" through International Foundation for Korea University, Inc.

Date _____ / _____ / _____ (mm/dd/yy)

Signature _____

President
Korea University