



Sunshine Social Welfare Foundation

Donation Form

Please complete this form and return it to:
Sunshine Social Welfare Foundation
3F, 91, Nanking East Road, Sec. 3
Taipei City 104, Taiwan.
Fax No.: 886-2-2505-3339

To avoid duplication, please do not mail this form after faxing

Part One: Donor Information

First Name: _____ Last Name: _____
Birthday: _____ (yy/mm/dd) ID No.: _____
 Male Female Occupation: _____
Telephone _____ Address: _____
Home: _____
Office: _____
Mobile: _____
E-mail: _____

Part Two: Method of Payment

*Please tick one of the boxes below to indicate your method of payment:

Donate by wire transfer

I would like to make a donation in the amount of _____ (please specify the currency) payable by wire transfer.

Bank wire transfer information:

Bank name: Mega International Commercial Bank

Bank branch: Nanking East Road Branch

Bank address: 53, Nanking East Road, Section 2, Taipei City 104, Taiwan

Bank Tel.: 886-2-2571-2568

Bank Swift Code: ICBCTWTP 070

Name of Beneficiary: Sunshine Social Welfare Foundation

Account of Beneficiary: 070-53-01857-5

* Please mail or fax a copy of the wire transfer receipt with this form to Sunshine.

Donate by credit card

I. Your credit card information

Card Type: VISA MasterCard JCB U Card

Card No.: _____

Name on Card: (as it appears on your card) _____

Your ID No.: (or your Passport No.) _____

Bank Name: _____ Expiration date: _____

Signature: _____ Date: _____

II. Type and amount of donation

I wish to make a **recurring, monthly donation** and authorize Sunshine Social Welfare Foundation to charge every month the amount of:

\$NTD 500 \$NTD 1,000 \$NTD 1,500 \$NTD 2,000

Other: \$NTD _____

I wish to make a **one-off donation** and authorize Sunshine Social Welfare Foundation to charge the amount of: NT\$ _____

* Please note that all credit card transactions will be charged in NT\$. Your credit card company will then make any necessary currency conversions. These payments will be made into a Taiwan bank account.

Donate by check

I would like to enclose a check in the amount of _____ made payable to 財團法人陽光社會福利基金會 (Sunshine Social Welfare Foundation).

* Please specify the currency and mail your check attached with this form to Sunshine.

Part Three – Receipt

I. I prefer to receive my receipt:

monthly annually

* Monthly receipts are sent upon receiving each donation. An annual receipt lists all your donations made in the current year and is sent the following year in March.

II. I would like to receive future information from Sunshine (annual service report):

Yes No

* Donor information is used for receipting and fundraising purposes only.

Thank you for your support!

If you require more information, please call 886-2-2507-8006 ext 304 (Chinese), ext 611 (English).