

KIAS DONATION AGREEMENT

Donor Information

Name of the Donor (Business Name)			
Classification	<input type="checkbox"/> Individual	<input type="checkbox"/> Business	<input type="checkbox"/> Group
Contact	Address:		
	Phone(<input type="checkbox"/> Home <input type="checkbox"/> Work):	Mobile:	E-mail:

Amount of Donation / Preferred Use of Donation

Amount	\$	(₩)
Preferred Use	<input type="checkbox"/> Memorial Fund for Chung W. Kim		

*Please note that tax benefits for donations apply to Korean residents.

Method of Donation

<input type="checkbox"/> International Wire Transfer	Date of Deposit(MM/DD/YYYY)
	<p>·Beneficiary Name: Korea Institute for Advanced Study (KIAS) ·Address: 85, Hoegi-ro, Dongdaemun-gu, Seoul, Korea ·Contact No.: +82-2-958-2599 ·Bank Name: WOORI BANK ·Branch Name: KIST SUB_ BR. ·Address: 17, World Cup buk-ro 60-gil, Mapo-gu, Seoul, South Korea ·Country: KOR ·Swift Code: HVBKRRSEXXX ·Account No.: 25404027301001</p>

I hereby pledge to enter into a donation agreement as stated above.

I consent to KIAS collecting and using my personal information as outlined above.

Date (MM/DD/YYYY):

Signature:

KOREA INSTITUTE FOR ADVANCED STUDY

E-mail. fund@kias.re.kr