輔仁大學 榮耀世紀
百個百萬 永續發展基金

1925 — 2025
天主教輔仁大學創校百年校慶
FU JEN CATHOLIC UNIVERSITY 100TH ANNIVERSARY

為慶祝2025輔仁大學創校百年校慶，
美國輔仁大學基金會響應新任藍校長首次推出的募款計劃，與輔大及輔醫同時啟動：
「輔仁大學 榮耀世紀 百個百萬 永續發展基金」募款活動

如果在2024年12月前支持(含承諾)3.3萬美元(新台幣100萬元)，除了可以抵稅外，我們會將捐款者指定的名字刻在百個百萬的時空膠囊上(金屬雕塑作品)永遠留存於母校，所以不僅學弟學妹們可看到我們的熱情回饋母校，更可幫助輔大未來百年永續發展。

2025年1月中將開啟輔大百個百萬時空膠囊，並將屬於輔大重要的歷史記錄，
放入時空膠囊中正式揭幕百年校慶，
屆時將邀請各捐款人共同見證輔大百年歷史性的時刻！

「月明」雕塑是輔大傑出校友藝術家楊英風先生的大作，象徵著楊英風先生對母親的思念。在公共事務室規劃安排下，輔大百年校慶時空膠囊也將記錄校友們對母校的回饋，兩者將建置串連在一起，構成感恩的百年校慶景觀紀念與燈光設計。

In celebration of the 100th anniversary of Fu Jen Catholic University (FJCU) in 2025, President Lan has initiated a special fundraising campaign **March to One Hundred Million**.

Please donate (or pledge) now. Be the first one hundred and your name will be carved on the new "Centennial Time Capsule" sculpture on campus. "Centennial Time Capsule" with another sculpture "Moonlight" will be the focal point of FJCU's Centennial Celebration with spectacular light decorations and a memorial space for alumni to reflect on their love and remembrance for their alma mater. The donors will be invited to join this historic event in FJCU, Taiwan in January 2025.

輔仁大學百年校慶特別募款計劃
March to One Hundred Million
DONATION FORM

Fu Jen University Foundation is a U.S. not-for-profit public corporation established for the support of Fu Jen Catholic University. Contributions are tax-deductible. Many employers offer a matching gift program, please check with your Human Resource Department. Foundation Tax ID#94-3398863

DONOR INFORMATION

Name: Chinese & English _____

Address: _____

Phone: _____ Email: _____

Affiliation: ☐ Alumnus, Major/Year _____ ☐ Colleague ☐ Friend

Please accept my gift in the amount of USD$<u>33,000</u>.

I want this name to be on Centennial Time Capsule sculpture: _____

My contribution is to support (pick one):

☐ FJCU Centennial Fund (President Lan to designate the use of the fund)

☐ Other: _____

PAYMENT INFORMATION

  1. By Check: Please make check(s) payable to Fu Jen University Foundation.

  2. By Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

  Credit Card Number: _____ Exp. Date: _____

  Billing Address (if different from mailing): _____

  Authorized Signature: _____

Please return this form with your check(s) or credit card information to
Mrs. Susan Chao (CDO) at chaosusanfjuf@gmail.com or the address below.