

# Donation Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

To: Medipolis Medical Research Institute

I/we hereby donate the following amount to the Medipolis Medical Research Institute.

1. Amount of Donation: \_\_\_\_\_ (units) \_\_\_\_\_ Japanese Yen (JPY)

【Individual donor】 Donation unit amount: 10,000 JPY

【Corporate donor】 Donation unit amount: 100,000 JPY

2. Expected Payment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy/mm/dd)

3. Payment method: Bank Transfer

Medipolis Medical Research Institute will pay all transfer fees.

## 【Individual donor】

(Address) \_\_\_\_\_

\_\_\_\_\_  
(Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

\_\_\_\_\_  
(Phone Number) \_\_\_\_\_

(Fax Number) \_\_\_\_\_

(E-mail Address) \_\_\_\_\_

## 【Corporate donor】

(Address) \_\_\_\_\_

\_\_\_\_\_  
(Corporate name) \_\_\_\_\_

(Representative -Title) \_\_\_\_\_

\_\_\_\_\_  
(Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

\_\_\_\_\_  
(Phone Number) \_\_\_\_\_

(Fax Number) \_\_\_\_\_

(E-mail Address) \_\_\_\_\_

Memorial Tree Plate

Yes

No

Personal information will be properly protected in accordance with the personal information protection laws, regulations, and rules of the Medipolis Medical Research Institute