

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