

# Solicited Donation Application Form

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

To: President, RIKEN

**In support of RIKEN's activities, I / we would like to make the following donation to RIKEN.**

Applicant:

Title:

Company:

Address (home or company):

NOTE: If applying as an individual, write in your name and home address only.

Signature or seal:

## Donation Details

1. Purpose: : Donations for the RIKEN Centennial Project

2. Restrictions on use of donations: Yes      No

If yes, indicate appropriate number among the following options.

1. Setting up Centennial laboratories
2. Fostering career development of young scientists
3. Creating a research environment meeting international standards
4. Commemorative ceremony, lecture, centennial events
5. Collecting, preserving, and displaying historical materials and records
6. Promoting research to build the future
7. KAGAKUDO 100 books to foster future scientists
8. Centennial promotional activities

3. Donation amount (JPY):

4. Conditions you require for donation:

5. Do you require a letter of donation request (invoice)? Yes      No

6. Donor privileges

- |  |     |    |
|--|-----|----|
| • Posting your name or your company name on the RIKEN website              | Yes | No |
| • RIKEN email service<br>Email address (multiple addresses are acceptable) | Yes | No |
| • Invitation to annual RIKEN Science Lecture                               | Yes | No |
| • Your name or your company name engraved on the donor's Plaque            | Yes | No |
| • Your name or your company name published in the donor's list             | Yes | No |
| • Receiving notices of upcoming the RIKEN Centennial Project               | Yes | No |

7. Supporters of RIKEN

- |   |     |    |
|---|-----|----|
| • Join:   | Yes | No |
| • Email: _____<br>(for sending Supporters of RIKEN information) |     |    |
| • Include name/company name in the association directory:       | Yes | No |

8. Contact information (mailing address for donation receipt, etc.)

Name / name of  
organization: \_\_\_\_\_

Administrative contact  
and title(if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Note: Individuals making donations are asked to give their telephone number or email address.