

Solicited Donation Application Form

Date: _____

To: The 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 research on visual function regeneration
2. Donation amount (JPY):
3. Restrictions on use of donation:
4. Do you require a letter of donation request (invoice)? Yes No
5. Other provisions:

Post my name and my company on the RIKEN website	Yes	No
Place my name/company name on school homepage and other materials	Yes	No
Post my company posters/pamphlets for the duration of the school	Yes	No
6. Supporters of RIKEN

• Join:	Yes	No
• Email: _____ (for sending supporters of RIKEN information)		
• Include name/company name in the association directory:	Yes	No

7. 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.