Tohoku University Donation Form

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| **DONOR INFORMATION** | | | | |
| **(Company) Name** | |  | | |
| **Address**  **Telephone**  **Email** |  | | | |
|  | | **Fax** |  |
|  | | | |
| **\*Contact Person (If different from above)** | | | | |
| **Name**  **Address**  **Telephone**  **Email** |  | | | |
|  | | | |
|  | | **Fax** |  |
|  | | | |

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| **DONATION AMOUNT** | |
| **I am giving cash in the amount of** |  |

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| **DONATION INFORMATION** | | | |
| **Please direct my donation to the** | | IRIDeS Support Fund. |  |
| **Donation Purpose**  **Donation Term (if any)**  **Title of Donation**  **Researcher’s Name** |  | | |
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| **DECLARATION** |
| **I acknowledge that this donation will be used for educational, research and administrative activities of Tohoku University in relation to the above-identified purpose. I further acknowledge that the donated fund may be transferred to another university or assigned to other Tohoku University researcher(s) in case the above-identified researcher(s) transfers to another university or resigns from Tohoku University. I entrust Tohoku University with management of the donated fund and required procedures in such case.**  **I hereby declare to provide the donation to Tohoku University in accordance with the foregoing statements.** |

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| --- | --- | --- |
| **Date** |  | |
| **Print Name** |  | |
| **(Signatory’s job title)** | |  |
| **[Notes]**  **Please send this form with your authorized signature.**  **We will contact you about the method of payment. Your application is greatly appreciated.** | | |