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** | Unit Name |  |
| **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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| --- | --- | --- | --- |
| **Signature** |  | **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.** |