

No. _____

Date: _____ / _____ / _____

The University of Tokyo Hospital Foundation Donation Application Form

To: The President
The University of Tokyo

Name of Donor: _____

Phone Number: _____

Address: _____

I would like to make a donation as follows:

1. **Recipient:** Director of the University of Tokyo Hospital

2. **Amount of Donation:** _____

3. **Purpose of Donation:** I would like my donation to be fully utilized for the management of the University of Tokyo Hospital, including advanced medical equipment purchases, medical staff support, and hospital services/environment improvements.

*I agree to "Article 5. Policy on Accepting Donations," of the University of Tokyo Hospital Regulations on Handling Donations, to the effect that a portion of the donations will be used by the management of the university for research support expenses.

-Please specify diagnosis/treatment departments, if any that have inspired you to donate.

Name of the department: _____

-May we list your name in our newsletters, reports, etc.? Yes / No

-The personal information submitted through the application form will not be used, without permission of the donor, outside the scope of activities required for the stated fundraising purpose.

<The University of Tokyo Regulations on Donation :Article 5 Conditions for Refusal of Donations>

Donations made with any of the following conditions cannot be accepted.(1) Requiring the grant of some form of profit or similar facility to the donor as compensation for the value of the donation, including the assignment of, or permission to make use of, intellectual property rights or other equivalent rights such as patents and the like, arising from the results of academic research.(2) Requiring that the donor be permitted to carry out an audit of the use of donations.(3) If acceptance of the donation would entail placing a heavy financial burden on the University of Tokyo.(4) If, after the initial application to make a donation, the donor requests to cancel the donation either in full or in part.(5) Requiring the assignment to the donor, without compensation, of property acquired by donation.(6) If it is determined that, other than the preceding items, there is some educational or research difficulty that indicates against acceptance.

Application from Hospital

Please complete the enclosed donation application form and advise any hospital staff member of your intention. Your contact representative will pick up the form.

Application from Home

Please complete the enclosed donation application form and mail or Fax to the contact listed. Please bear postage fee. Please remit your donation in yen at a financial institution, in accordance with the enclosed foreign remittance procedure.

Office of Management Planning, the University of Tokyo Hospital

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