How to Apply for Donations

〇Please download and fill out the form below.

・Donation Application Form (for companies and individuals)

・Bank Transfer Form

・Confirmation of the publication of your name

〇Please email the Donation Application Form and other information to the contact below.

〇Please transfer the donations to the University's bank account indicated on the bank transfer form and payment slip. Please note that you will be responsible for the bank transfer fee, or please deduct the bank transfer fee from the amount of your donation.

〇After we confirm the payment of your donation, we will issue a receipt and send it to you by email the following month.

If you have any further questions, please contact us at the address below.

【For inquiries】

East Japan Heavy Ion Center Office, Faculty of Medicine, Yamagata University

2-2-2 Iida-Nishi, Yamagata City, Yamagata 990-9585, Japan

Tel: +81-23-628-5404

**Email: yu-heavyion@jm.kj.yamagata-u.ac.jp**

For Company

Donation Application Form

Date：

To: Education, Research and Medical Care Support Fund of the Yamagata University Faculty of Medicine

Name of donor：

Address of office：

Representative's Name：

I hereby make the following donation

1. Amount of donation and currency unit

　Amount of donation：

　Currency Unit：

2. Purpose and conditions of donation

Purpose：Promotion of advanced research

Conditions： None in particular

3. Name of donation：For research and development of next-generation carbon ion irradiation equipment for medical use

4. Others

Scheduled date of donation payment (approx.) ： Month　　　Year

Divided payment：　Yes ・ No

For individual

Donation Application Form

Date：

To: Education, Research and Medical Care Support Fund of the Yamagata University Faculty of Medicine

Address：

Name：

I hereby make the following donation

1. Amount of donation and currency unit

　Amount of donation：

　Currency Unit：

2. Purpose and conditions of donation

Purpose：Promotion of advanced research

Conditions： None in particular

3. Name of donation：For research and development of next-generation carbon ion irradiation equipment for medical use

4. Others

Scheduled date of donation payment (approx.) ： Month　　　Year

Divided payment：　Yes ・ No

Bank Transfer Form

Transfer to：

Bank name：THE YAMAGATA BANK LTD.

　Branch name：Head Office Sales Dept.

Deposit type: Savings

 Branch number：101

Account number：0059501（Swift Code：YAMBJPJT）

Account name：Yamagata University

Address：

Name：

Amount of donation：

Currency Unit：

Date of donation payment：

【How to Apply】

1) Bank Transfer Procedures

Please transfer the donation to the account number designated by the University.

Please pay the bank transfer fee or deduct the bank transfer fee from the amount of your donation.

Please fill out the bank transfer form and e-mail it to the address below, as it is required to send a letter of thanks and a certificate of receipt.

【For inquiries】

Administration Division, General Affairs, Faculty of Medicine, Yamagata University

2-2-2 Iida-Nishi, Yamagata City, Yamagata 990-9585, Japan

Tel: +81-23-628-5023(ext.5024)

**Email: yu-ikagyoumu@jm.kj.yamagata-u.ac.jp**

Confirmation of the publication of your name

Date of filling out：

Name of Individual/Company/Organization：

【For Company/Organization】

Name of person in charge：

Department：

Title：

Address：

Phone Number：

Email Address：

1) Regarding the placement of your name on the "Donor Nameplate" in the facility

☒Please check one of them

□Accept

□Post the donation amount with a clear indication.

□Post the donation amount in round numbers

□Do not post the donation amount, only the fact that the donation was made

　□Not accept

2) About posting your name on our website

☒Please check one of them

□Accept　　□Not accept

\*We will post the names of those who donate 10,000 yen or more on our website.

\*The name of the company or organization will be posted only as a trade name, etc., and the name of the representative will not be posted.

＊Those who have consented to have their names listed in 1),2) but wish to have their names listed under a different name from that of the individual, company, or organization listed above.

Name of publication you wish to use :

3) About sending information magazines

☒Please check one of them

□I would like to receive the information by letter

 If different from the above address :

□I would like to receive it by Email

 Email :

□I do not wish to receive any of the above

＊Use of Personal Information

The personal information on the submitted documents will be used only for the procedures related to this project and will not be disclosed or provided to any third party.

【For inquiries】

East Japan Heavy Ion Center Office, Faculty of Medicine, Yamagata University

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