Donation Form

MM

YYYY

DD

 **Date:** 　 / /

**Amount of donation: JPY**

\*Please arrange your donation in Japanese yen.

|  |  |
| --- | --- |
| **Name** |  First name 　　　　　 Middle name 　　　　　　 Last nameMs./Mrs./Miss./Mr./Dr.  |
| **Address** | Postcode: Country: |
| **Phone number** | （Country code: ）-  |
| **E-mail address** |  |

JFCR lists the names of donors on the bulletin board at the outpatient floor for one year, and on official website. For individuals who donate \100,000 or more, JFCR creates the donor’s nameplates to honor them and displays plates at the outpatient floor of the hospital. If you do not want your name shown on the donor’s list, please check below.

**❏** I prefer to make my donation anonymously.

**Message (if any)**

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