

# Donation application (for individuals)

date                      /                      /	
President, Japan Association for Advanced Medical Technology Exchange Please apply for donation as follows.	
Name	
address	Phone number    (       )       -
Donation amount	¥
Donation account	Sumitomo Mitsui Banking Corporation    Ginza Sub-branch    General    8524203 <small>Account name: General Association Legal Person Japan Advanced Medical Technology Exchange Association</small>
Donation day	Donation day                      /                      /
Confirmation	
Remarks	*The personal information described in this application form will be used to the extent necessary to properly handle donations and contact donors. *If you need a receipt, please fill in the above article and send it.