

Sasaki Foundation **Donation Form**



I would like to donate _____ **JPY** to the Takaoki Sasaki and Tomizo Yoshida Cancer Research Fund of the Sasaki Foundation (please arrange your donation in Japanese yen).

I would like my Gift to Benefit:

This Gift is contributed by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sasaki Foundation would like to display the names of donors on the bulletin board at the entrance hall of the Kyoundo Hospital. If you do not want your name shown on the donor's list, please check below.

I prefer to make my donation anonymously.

Please send us your donation by bank transfer:

Bank name: MUFG Bank, Kasugacho Branch Sort code: 062

Account name: Sasaki Foundation Account number: 0576372

Please return this form to the Sasaki Foundation Secretariat:

2-2, Kandasurugadai Chiyoda-ku, Tokyo 101-0062, Japan

E-mail: head-office@po.kyoundo.jp