Attached Form 1

Date:

 (Month DD, YYYY)

To: The President, National University Corporation Tokyo Institute of Technology

Donor

Address:

Donor’s name:

Donor’s representative (position and name):

 Seal

I wish to make the following contribution as a donation for education and research to establish an Industry-Sponsored Program.

|  |  |
| --- | --- |
| Name of Industry-Sponsored Program | 　 |
| Purpose of establishing an Industry-Sponsored Program | 　 |
| Duration | From Month DD, YYYY to Month DD, YYYY |
| Donation amount (total amount) | 　　　　　　　　　　　　　　　　　yen |
| How donation should be used | 　 |
| Payment method | 　 |
| Others(Name, address, telephone number, and other details, such as company name, affiliation, and position, if applicable, of the person in charge of the donor's administration work) | 　 |

Attached Form 1

**(Example)**

Date:

 (Month DD, YYYY)

To: The President, National University Corporation Tokyo Institute of Technology

Donor

Address:

Donor’s name:

Donor’s representative (position and name):

 Seal

I wish to make the following contribution as a donation for education and research to establish an Industry-Sponsored Program.

|  |  |
| --- | --- |
| Name of Industry-Sponsored Program | ABC Industry-Sponsored Program\*\*Please include “Industry-Sponsored Program” in the name. |
| Purpose of establishing an Industry-Sponsored Program | The purpose of establishing the Industry-Sponsored Program is to . . .\*\*Please provide details in approximately 50 words.  |
| Duration | From Month DD, YYYY to Month DD, YYYY |
| Donation amount (total amount) | xx,xxx,xxx yen |
| How donation should be used | To cover the costs and expenses required to operate the Industry-Sponsored Program. |
| Payment method | Lump-sum cash paymentxx,xxx,xxx yen to be paid at the end of Month YYYY |
| Others(Name, address, telephone number, and other details, such as company name, affiliation, and position, if applicable, of the person in charge of the donor's administration work) | NameDivision, Department, Company nameAddressTel: Fax:Email: |