

Date
(Year/Month/Day)

寄 附 申 込 書
Donation Form

京都大学 学長 殿

(To: The President of Kyoto University)

住 所 _____

(Address of the Donator)

氏 名 _____

(Name of the donator: For corporation, name of the corporation and the name of the representative with title)

貴学に対し、下記のとおり寄附します。

I would like donate as described below.

記

1. 寄 附 金 額 _____ (Currency unit: **EUR**)
(Amount of the donation)

2. 寄附の目的 Ulcerative Colitis Drug Cure Development Project
(Purpose of the donation)

3. 担当教員等 Masahiro Shiokawa and Takeshi Kuwada
(Intended recipient)

4. そ の 他 _____
(Others)

(Signature)

In preparing the donation application form

Thank you for considering donating to Kyoto University. Please be aware of the following points when filling out the donation application form.

1. About the items to be filled in the application form

Please fill in italics in bold letters (***Date, Address of the Donator, Name of the donator, Amount of the donation, and Signature***)

2. Amount of the donation

Please modify the currency unit as necessary.

3. About operation management expenses related to education and research

Around 10% of donation money will need to be used to cover management or “overhead” expenses (2% for university headquarters, 8% for affiliated hospitals)

4. About certain conditional donations

Please note that we do not accept any of the following kinds of donations.

- ① Free transfer of property acquired through donations to donors.
- ② Transfer or use of intellectual property rights obtained as a result of academic research using donations to donors.
- ③ Implementation of an accounting inspection for the use of donations.
- ④ After applying for donation, the donor can cancel all or part of the donation at his / her will.
- ⑤ Other conditions that the president recognizes as having a particular obstacle in education and research are attached.

5. Issuance of transfer request form and receipt

① Transfer request form

After submitting the donation application form, we will issue it after acceptance examination (confirmation of donation purpose, donation conditions, etc.) at Kyoto University.

② Receipt

We will issue it after confirming payment at Kyoto University.

Contact person

Medical / Hospital Campus Common Office / Accounting / Research Cooperation
Division Donations / Subsidies

Email: a40kifu-hojokin@mail2.adm.kyoto-u.ac.jp

Tel: +81-75-753-4460

Yoshida Konoe-cho, Sakyo-ku, Kyoto 606-8501