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| Date  　 To　Dr. Takashi Nakajima  Director of Niigata National Hospital, NHO  Donator address  　　name  mail  　　　　　　　　　　　　　　　　　 phone  Donation application form  I donate to National Hospital Organization Niigata National Hospital as follows.  Record   1. Purpose of donation　：**As a donation for the covidventilatorproject**   　　　２．Amount of donation :  　　　３．Scheduled date of donation　：  　　　４．Method of donate : Bank transfer  　　　５．Others  　 Remarks  1. "4.Method of donate " is limited to bank transfer.  2. If there are donation requirements, please fill in "Other 5".  Under certain conditions donations cannot be accepted.  　　　　　If there is no special request, we will assume that you have consented to the disclosure of your name and city name on our website as the person who donated.  If you do not wish to publish, please fill in the "Other 5" field.  Please send this application form to the email address below.  [225-gyoumuhancyou@mail.hosp.go.jp](mailto:225-gyoumuhancyou@mail.hosp.go.jp)  The person in charge will contact you by email |
| ***Description example***  Date：***April 7, 2020***  　 To　Dr. Takashi Nakajima  Director of Niigata National Hospital, NHO  Donator address ***YOUR ADRESS***  　　 name ***YOUR NAME***  mail ***YOURMAILADRESS@＊＊＊＊＊***  phone　 ***000-0000-0000***  Donation application form  I donate to National Hospital Organization Niigata National Hospital as follows.  Record  　　　１．Purpose of donation　***As a donation for COVIDVENTILATOR PROJECT***  　　　２．Amount of donation ***¥ 1,000,000-***  　　　３．Scheduled date of donation　***Around April 20, 2020***  　　　４．Method of donate　***Bank transfer***  　　　５．Others  Remarks  1. "4.Method of donate " is limited to bank transfer.  2. If there are donation requirements, please fill in "Other 5".  Under certain conditions donations cannot be accepted.  　　　　　If there is no special request, we will assume that you have consented to the disclosure of your name and city name on our website as the person who donated.  If you do not wish to publish, please fill in the "Other 5" field.  Please send this application form to the email address below.  [225-gyoumuhancyou@mail.hosp.go.jp](mailto:225-gyoumuhancyou@mail.hosp.go.jp)  The person in charge will reply by email. |