

Donation Agreement

Foundation For Medical Innovation

① Donator

Name (Organization)	Resident registration No. (Business registration No.)
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Address (Location)

② Points wished to be used (Mark with ✓ on the wanted point.)

- Support for the entire project for achieving the target of corporate establishment
- Support for surveying on the domestic and foreign study trends and opening academic seminar
- Support to the future promising bio medical scientist
- Support for exploring the future oriented challenging subjects
- Support for medical, scientific and related future studies
- Support to the auxiliary projects required for achieving the target of the foundation

③ Donation description

Classification	Description			Amount
	Item	Quantity	Unit price	

We commit to participate into the project of public interest of Foundation for Medical Innovation as shown in the above.

MM DD YYYY

Name (Organization) (Seal)

President of Foundation for Medical Innovation

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