

Delivery Address of Donation Form

**General Incorporated Association
Kyoto Breast Cancer Research Network (KBCRN)**

Fax: +81-75-320-2575 e-mail: info@kyoto-breast-cancer.org

**Kyoto Breast Cancer Research Network (KBCRN)
"Kyoto Breast Cancer Fund" Application Form**

I agree the philosophy and activities of Kyoto Breast Cancer Research Network (KBCRN)
and donate the following amount to "Kyoto Breast Cancer Fund" for further development of our activities.

Donation Amount _____

Name	
Affiliation	
Address	
TEL	
FAX	
E-mail	

Remittance Japan Post Bank
Payee Account Number: 00940-3-333763
Name of Payee Account Holder: KYOUTONYUUGANKIKIN

Contact KBCRN Management Division (Head Office)
Office MOROhan, 1st Fl. Asvel Kyoto Nishijin, Teraimacho Omiya Higashi iru, Kamigyo-ku, Kyoto-shi,
Kyoto, 602-8215, Japan
Tel: 050-5806-8031 Fax: 075-320-2575
e-mail: info@kyoto-breast-cancer.org

We protect your privacy and use your information only for the receipt, thank-you letter and notification of our activities.