

To Argerich Arts Foundation

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For the Foundation's use	
Date of receipt	
Control No.	

Contribution Application Form - 1
(For Individual)

Date of application	
Your name	
Address	(postal code)
Telephone No.	
Fax No.	
E-mail address	
Amount of contribution	¥
Please remit to	Sumitomo Mitsui Banking Corporation Oita Branch Ordinary saving account No. 1304099 Account name: Argerich Arts Foundation
Issuance of Invoice	Invoice issuance <input type="checkbox"/> Necessary <input type="checkbox"/> Not necessary (When you need the invoice →Date: _____)
Your planned remittance date	Around (date)

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