

Note: All information is required. Please print clearly.

Please fax this page back to the ACCJ office: 03 3433 8454

Details

Member ID: _____

Name: _____

Company name: _____

Phone: _____

Signature: _____

I hereby commit to make a donation to the ACCJ Community Service Fund as noted below:

Company

(Please check amount)

¥10,000 ¥25,000 ¥50,000 ¥100,000 Other: ¥ _____

Individual

(Please check amount)

¥10,000 ¥25,000 ¥50,000 Other: ¥ _____

Payment Method

Please charge to my ACCJ Account.

Credit card (*check one*): VISA Master AmEx JCB

Cardholder name: _____

Card number: _____ Expiration date (mm/dd/yy): ____ / ____ / ____

Cardholder's Signature: _____



Check presentation ceremony, March 2, 2006.