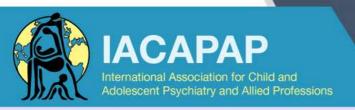


DONATION APPLICATION FORM

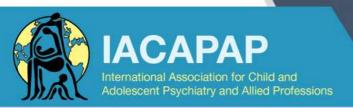
Thank you for your attention and support on the projects of IACAPAP that focus on the improvement of child and adolescent mental health worldwide. The following is the guidelines for completing the form.

- For donation amounts more than USD 1,000, it's mandatory to fill in the Donation Application Form and submit it to IACAPAP Fundraising Team for approval.
- Please answer all applicable questions. If a question is not appropriate or relevant, please write "N/A".
- Please print clearly and use black ink. Incomplete forms will not be considered.
- Copies of all supporting documents (i.e. company profile) must be submitted with this application form.
- If you wish to give any additional information (not covered in this form), please do so on a separate sheet.

Application Date				
I) APPLICANT PARTICULAR				
Full Name of Donor/Representative of Donor Organisation				
Nationality				
Occupation				
Phone Number				
Email Address				
Name of the Donor Organisation				
Postal Address				
Zip Code				
Country				
Website				



II) DONATION INTENTION (Please tick at where appropriate)					
Type of Donation			Amount		
Overall support to	Association				
Specific Project	Helmut Remschidt Research Seminar (HRRS)				
	Donald Cohen Fellowship Program (DCFP)				
	Henrikje Klasen iCAMH				
	Educational Development Grant				
	☐ IACAPAP eTextbook				
	☐ IACAPAP ArXiv				
	IACAPAP Massive Open Online Course (MOOC)				
	☐ IACAPAP Video Channel				
Other, please spec	ify				
We would like to request your consent to publish your name on our website to recognise your kind contribution. If you prefer to stay anonymous, please let us know, and we will not publish your name. Yes No Confirm the above information is complete and correct.					
 Signature Name:	 Date				



DONATION APPLICATION FORM

Official use (not to be completed by applicant)

		- 1-17	
Date of Receive		Reference	
Application Form		Number	
Reviewed by	Approve	Date	
Fundraising	Reject	Date	
Committee (Amount		Reason	
up to USD 4,999)			
Reviewed by Bureau	Approve	Date	
(Amount greater			
than USD 5,000)	Reject	Date	
		Reason	