



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 <i>(Please tick at where appropriate)</i>		
Type of Donation	Currency	Amount
<input type="checkbox"/> Overall support to Association		
<input type="checkbox"/> Specific Project		
<input type="checkbox"/> Helmut Remschidt Research Seminar (HRRS)		
<input type="checkbox"/> Donald Cohen Fellowship Program (DCFP)		
<input type="checkbox"/> Henrikje Klasen iCAMH		
<input type="checkbox"/> Educational Development Grant		
<input type="checkbox"/> IACAPAP eTextbook		
<input type="checkbox"/> IACAPAP ArXiv		
<input type="checkbox"/> IACAPAP Massive Open Online Course (MOOC)		
<input type="checkbox"/> IACAPAP Video Channel		
<input type="checkbox"/> Other, please specify		

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

I confirm the above information is complete and correct.

Signature

Name:

Date



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Official use (not to be completed by applicant)

Date of Receive Application Form		Reference Number	
Reviewed by Fundraising Committee (Amount up to USD 4,999)	<input type="checkbox"/> Approve	Date	
	<input type="checkbox"/> Reject	Date	
		Reason	
Reviewed by Bureau (Amount greater than USD 5,000)	<input type="checkbox"/> Approve	Date	
	<input type="checkbox"/> Reject	Date	
		Reason	