

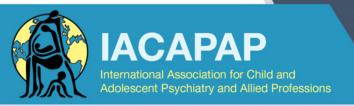
DONATION APPLICATION FORM

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 Finance Committee 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				

DONATION IN	ENTION (Please tick at where appropriate)		
Type of Donation			Amount
Overall suppo	ort to Association		
Specific Project	Helmut Remschidt Research Seminar (HRRS)		
	☐ Donald J. Cohen Fellowship Program (DJCFP)		
	Henrikje Klasen iCAMH Training		
	Educational Development Grant		
	☐ IACAPAP e-Textbook and digital platform		
	☐ IACAPAP Massive Open Online Course (MOOC)		
kind contributi your name. Y	to request your consent to publish your name on our won. If you prefer to stay anonymous, please let us knowes No Dobbe information is complete and correct.		
Signature Name:	 Date		



DONATION APPLICATION FORM

Official use (not to be completed by applicant)

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