To: Dr. Takahiro Nanri

President

Sasakawa Health Foundation

I hereby acknowledge receipt of the following Grant Amount from Sasakawa Health Foundation.

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| --- | --- |
| Organization Name: |  |
| Address: |  |
| Project Title: |  |
| Project ID: |  |
| Received Amount: |  |
| Name of Focal Person: |  |
| Contact Email Address: |  |

|  |  |
| --- | --- |
| Authorized Signature |  |
| Name: |  |
| Title: |  |
| Organization Name: |  |
| Date: |  |