



**Donation form for the JAMA SCHOLARSHIP FUND**

DATE OF DONATION: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

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AREA CODE & PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

Do you speak fluent Japanese? \_\_\_\_\_

DONATION AMOUNT: \_\_\_\_\_

Please send the donation form, along with check payable to JAMA, mailed to the Treasurer:

Alan Yamada, MD  
624 W. Duarte Road, #203  
Arcadia, CA 91007

THANK YOU FOR YOUR SUPPORT OF JAMA!