



**Donation form for the JAMA SCHOLARSHIP FUND**

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

NAME (Last, First, MI): \_\_\_\_\_

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CITY, STATE, ZIP: \_\_\_\_\_

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:

Lisa N. Oki, MD  
2925 N. Sycamore Drive, Suite 204  
Simi Valley, CA 93065

THANK YOU FOR YOUR SUPPORT OF JAMA!