

BENEFACTORS: TABLES OF TEN

_____ PLATINUM AT \$8,000

_____ GOLD AT \$5,000

_____ SILVER AT \$3,000

INDIVIDUAL TICKETS

_____ COUPLE AT \$500

_____ SINGLE AT \$300

_____ STUDENT / DOCTOR IN TRAINING AT \$100

ADDITIONAL CONTRIBUTIONS

___ I would like to make a contribution of \$ _____
to the JMSA General Charitable Fund (GCF)

___ I would like to make a contribution of \$ _____
to the JMSA Community Outreach Program (JCOP)

___ I would like to make a contribution of \$ _____
to the JMSA Scholarship Fund

NAME (PLEASE PRINT)

AFFILIATION

ADDRESS

CITY/STATE/ZIP

DAYTIME TELEPHONE

EVENING TELEPHONE

CELLPHONE

EMAIL

ENCLOSED IS MY CHECK FOR \$ _____

My guests will be:
(Please print full names and titles)

JAPANESE MEDICAL SOCIETY OF AMERICA

The 43rd Annual Spring Dinner

Saturday, May 9th, 2015

Please RSVP by April 25th, 2015

*Please make checks payable to Japanese Medical Society of America.
Contribution is tax deductible as JMSA is a tax-exempt organization
under 501(c)(3). For more information, please contact Mr. Yoshio Kano
at (914) 433-3210 or yoshikano@verizon.net*