



DONATION FORM

First Name:	Middle Name:	Last Name:
Address:		
City:	State:	Zip Code:
Phone:	Email:	Year of Graduation:

<input type="checkbox"/> Scholarship Donation	US\$ _____
<input type="checkbox"/> Donation for Endowment Fund	US\$ _____
<input type="checkbox"/> AFJOG Donation	US\$ _____
<input type="checkbox"/> e-Library / Other Donation	US\$ _____

Print Name

Signature

Date

FJMCAA is 501(c) 3 with Tax ID # 45-5205354;

All donations are Tax deductible. We are capable of accepting your donations now by credit card as well. Please contact Shagufta Jabeen or Nighat Mehdi for further inquiries about the procedure.

Please make your checks payable to FJMCAA and mail with form to:

Shagufta Jabeen, MD
531 Turtle Creek Dr
Brentwood, TN 37027

Nighat Mehdi, MD
2816 Perth Drive
Edmond, OK 73013

FJMCAA requires a copy of medical license in USA from all new members to become a voting member.