

Donation Form



Georgia E. Morikawa Center (GEM)

To Empower ♦ Educate ♦ Advocate

All proceeds goes to GEM

Donor Information

Date _____

Name _____

Address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

I (we) pledge a total of \$ _____

I (we) plan to make this contribution in the form of a check (NO CASH, CREDIT, OR DEBIT CARDS)

Check # _____

Please make checks payable to: **GEM** _____

If you would like to make a donation using a credit or debit card please visit our website at:
www.gemcenter.org

Office use only

Donor copy (this section to be mailed to you)

RECEIPT

Date		No.
Received from		Amount: \$
Amount		Dollars
For Payment of		
Received by		

Check no. _____