



**Johns Hopkins Department of Medicine Development**  
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# Charitable Giving Form

## CASH GIFT

Gift amount: \$ \_\_\_\_\_ (Gifts are tax-deductible in accordance with the Internal Revenue Code.)

I have enclosed a check for \$ \_\_\_\_\_.

(Please make your check payable to The Johns Hopkins University and indicate in the memo the specific physician or fund you wish to support.)

I wish to make my gift by credit card:  VISA  MASTERCARD  AMEX  DISCOVER  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_

I pledge \$ \_\_\_\_\_ to be paid in amounts of \$ \_\_\_\_\_ over \_\_\_\_\_ years. I will begin the pledge on  
 \_\_\_ / \_\_\_ / \_\_\_. (You will receive annual pledge reminders.)

My company or my spouse's company will match my gift.

## GIFT DESIGNATION

**Please designate my gift:**

- To support a Division or Center: \_\_\_\_\_
- To support the work of Dr. \_\_\_\_\_  
 (please be as specific as possible)
- Other: \_\_\_\_\_

## RECOGNITION

Donors may be recognized in publications. Please print your name as you wish it to appear, including your preference for Mr., Mrs., Ms., Dr. *Please note if you wish to remain anonymous.*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_

## ADDITIONAL WAYS TO GIVE

- I am making my gift with appreciated securities.
- I have included the Johns Hopkins Department of Medicine in my will, a trust, or other financial plans.
- I would like information on how to include the Johns Hopkins Department of Medicine in my will.
- I would like to know more about gifts that provide income for life to me and/or another beneficiary.
- I would like information on tax benefits to me from gifts of:  
 appreciated securities  life insurance  real estate  antiques, artwork, or other personal property
- I would like to know more about ways of giving to the Department of Medicine.
- Please call me at this #: \_\_\_\_\_. The best day and time to call is \_\_\_\_\_.

### MAIL THIS FORM TO:

Johns Hopkins University and Medicine  
 Attn: Department of Medicine  
 PO Box 49143  
 Baltimore MD 21297-9143

For more information on the Department of Medicine, please visit: <http://www.hopkinsmedicine.org/medicine>

*Gifts to Johns Hopkins Medicine are subject to the policies of the Institutions in place at the time of the gift. Therefore, a portion of this gift will be directed to the Clinical and Academic Fund as directed by the Board of Trustees of Johns Hopkins Medicine.*

A copy of the current annual financial statement may be found at [www.controller.jhu.edu/pubs/financial\\_reports/](http://www.controller.jhu.edu/pubs/financial_reports/).