



Johns Hopkins University and Medicine  
 Attn: Heart and Vascular Institute  
 PO Box 49143  
 Baltimore MD 21297-9143  
 hopkinsheart@jhmi.edu  
 410-907-5010

# 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:

Where the need is greatest.

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 Heart and Vascular Institute in my will, a trust, or other financial plans.

I would like information on how to include the Johns Hopkins Heart and Vascular Institute 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 Johns Hopkins Heart and Vascular Institute.

Please call me at this #: \_\_\_\_\_. The best day and time to call is \_\_\_\_\_.

### MAIL THIS FORM TO:

**Johns Hopkins University and Medicine**

**Attn: Heart and Vascular Institute**

**PO Box 49143**

**Baltimore MD 21297-9143**

For more information about the Johns Hopkins Heart and Vascular Institute

[www.hopkinsmedicine.org/heart\\_vascular\\_institute](http://www.hopkinsmedicine.org/heart_vascular_institute)

*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 Funds as directed by the Board of Trustees of Johns Hopkins Medicine.*