



Department of Orthopaedic Surgery
 The Fund for Johns Hopkins Medicine
 601 N. Caroline Street | Suite 5251
 Baltimore, MD 21287
 Phone: 410-955-6936
<http://www.hopkinsmedicine.org/orthopaedic-surgery>

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 Johns Hopkins Medicine 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 _____ / _____ / _____. *I qw'y knlt gegkxg'c ppxw n'r rfgf i g't go kpf gt u0*

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. _____
 *****r rgcug'dg'c u'ur gekke'cu'r quaklrg+''
- 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. Rrgcug'p qvg'hl' qw'y kuj 'vq' t go ckp'c pqp{o qmu0

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 Orthopaedic Surgery in my will, a trust, or other financial plans.
- I would like information on how to include the Johns Hopkins Department of Orthopaedic Surgery 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 Orthopaedic Surgery.
- Please call me at this #: _____. The best day and time to call is _____.

MAIL THIS FORM TO:

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 Suite 5251
 Baltimore, MD 21287

For more information on the Department of Orthopaedic Surgery, please visit: www.hopkinsmedicine.org/orthopaedic-surgery.

I knu'vq'Lqj pu'J qrnkpu'O gf kekpg'ct g'wml gev'vq'yj g'r qnkekgu'qhl'v'g'p'unkwkp'u'kp'r rrc eg'c v'v'j g'wko g'qhl'v'g'i kn0Vj gt ghqt g.'c'r qt skp'qhl'v'ku'i kn'y knld'g'f k gevxf 'vq'yj g''
 Erhpkccit'cpf 'Cecf go ke'Hwpf 'cu'f k gevxf 'd'f'v'j g'Dqctf 'qhl'v'waggu'qhl'Lqj pu'J qrnkpu'O gf kekpg'O

A copy of the current annual financial statement may be found at www.controller.jhu.edu/pubs/financial_reports/.