Charitable Giving Form

CONTACT INFORMATION:
Donors may be recognized in publications. Please print your name as you wish it to appear, including your preference for Mr., Mrs., Ms., or Dr. Please check here □ if you wish to remain anonymous.

Name: ___________________________ This gift is joint with: ___________________________
Address: ___________________________
City: ___________________________ State: ____________ Zip: ____________
Phone:(H) ___________________________ (C) ___________________________ Email: ___________________________

THIS GIFT IS:
In Honor of: ___________________________ In Memory of: ___________________________
Please send notification of this gift to:
Name: ___________________________ Address: ___________________________

GIFT DESIGNATION:
□ Please designate my gift to Dr. ’s work.
□ Please designate my gift to the greatest area of need at the Wilmer Eye Institute.
□ Please designate my gift to the following area:
   o Angel Fund/Eye Care for the Indigent
   o Birdshot Research Fund
   o Cataract and Corneal Disease
   o Center for Nanomedicine
   o Center for Stem Cell and Ocular Regenerative Medicine (STORM)
   o Center for Surgical Innovation and Education
   o Children’s Eye Diseases
   o Eye Cancer
   o Glaucoma
   o International Ophthalmology – Dana Center
   o Low Vision Rehabilitation
   o KURE (Kids Uveitis Research and Education Fund)
   o Macular Degeneration, Diabetic Retinopathy and Other Retinal Diseases
   o Neuro Ophthalmology
   o Next Generation Fund for Young Faculty Research
   o Oculoplastics and Trauma
   o Pediatric Ophthalmology Discovery Fund
   o Uveitis & Ocular Immunology
   o Other (Please Explain):

DONATION DETAILS:
□ I have enclosed a check for $ _____________. (Please make your check payable to Johns Hopkins.)
□ I pledge $ ____________ to be paid in amounts of $ ____________ over ________ years.
   I will begin the pledge on _______ / ______ / _______ (You will receive annual pledge reminders.)
□ I wish to make a gift by credit card: □ VISA □ MASTERCARD □ AMEX □ DISCOVER
   Card #: ___________________________ Exp: ___________________________
   Name on card: ___________________________
   Signature: ___________________________
□ My employer/spouse’s employer will match this gift. – Employer’s Name:

A lasting legacy of your caring…
□ Johns Hopkins is in my/our estate plans.
□ Please send me information about gifts that pay me/us an income.
□ I would like more information on how to include Johns Hopkins in my will.

MAIL THIS FORM TO:
Wilmer Eye Institute
Wilmer Development Office, Wilmer 112
600 North Wolfe Street, Baltimore, MD 21287-9015
www.wilmer.org 410-955-2020

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