



The Wilmer Eye Institute
 Wilmer Development Office, Wilmer 112
 600 North Wolfe Street | Baltimore, MD 21287-9015
www.hopkinsmedicine.org/wilmer | 410-955-2020

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 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(s):
 - Cataract & Corneal Diseases
 - Children's Eye Diseases
 - Eye Cancer
 - Eye Care for the Indigent
 - Glaucoma
 - International Ophthalmology – Dana Center
 - Macular Degenerations, Diabetic Retinopathy and other Retinal Diseases
- Neuro Ophthalmology
- Next Generation Fund for Young Faculty Research
- Oculoplastics and Trauma
- Surgical Innovation and Education
- Uveitis & Ocular Immunology
- Vision Rehabilitation

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

MAIL THIS FORM TO:
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Wilmer Development Office, Wilmer 112
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Baltimore, MD 21287-9015

For more information about Wilmer: www.hopkinsmedicine.org/wilmer

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/.