



The Fund for Johns Hopkins Medicine
 Attn: Gynecology & Obstetrics
 750 E. Pratt Street, Suite 1700
 Baltimore, MD 21202
 GynObHopkins@jhmi.edu
 410-361-6547

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: _____

I wish to make my gift in honor/memory of: _____

GIFT ACKNOWLEDGMENT

Please print your name as you wish it to appear in your donor acknowledgment letter, 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 Gynecology & Obstetrics in my will, a trust, or other financial plans.

I would like information on how to include the Johns Hopkins Department of Gynecology & Obstetrics 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 Department of Gynecology & Obstetrics

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

MAIL THIS FORM TO:

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Baltimore, MD 21202

For more information about the Johns Hopkins Department of Gynecology & Obstetrics

hopkinsmedicine.org/gynecology_obstetrics

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.