



**Department of Medicine, Division of General Internal Medicine**  
 Carly Frank, Associate Director of Development  
 Fund for Johns Hopkins Medicine  
 5200 Eastern Avenue | MFL Building | Center Tower | Suite 359  
 Baltimore, MD 21224  
<http://www.hopkinsmedicine.org/gim> | 410-550-4098

# 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  
 \_\_\_ / \_\_\_ / \_\_\_. \*I qw'y knlt gegkxg'c p p w c n l r r g f i g t go k p f g t u o r'

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 r g c u g ' d g ' c u ' u r g e k k e ' c u ' r q u a k l r g +'
- 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. *R r g c u g ' p q v g ' H i ' q w ' y k i j ' v q ' t g o c k p ' c p q p { o q m u o }*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_

## ADDITIONAL WAYS TO GIVE

- I am making my gift with appreciated securities.
- I have included the Johns Hopkins Division of General Internal Medicine in my will, a trust, or other financial plans.
- I would like information on how to include the Johns Hopkins Division of General Internal Medicine 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 Division of General Internal Medicine.
- Please call me at this #: \_\_\_\_\_. The best day and time to call is \_\_\_\_\_.

### MAIL THIS FORM TO:

Fund for Johns Hopkins Medicine  
 Department of Medicine, Division of General Internal Medicine  
 Carly Frank, Associate Director of Development  
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 MFL Building, Center Tower, Suite 359  
 Baltimore, MD 21224

For more information on the Division of General Internal Medicine, please visit: [www.hopkinsmedicine.org/gim](http://www.hopkinsmedicine.org/gim)

*I k h u ' v q ' L q j p u ' J q r n k p u ' O g f k e k p g ' c t g ' i m d l g e v ' v q ' y j g ' r q r k e k g u ' q h ' v j g ' f p u k w k q p u ' k p ' r r e e g ' c v ' v j g ' v o g ' q h ' v j g ' i k h 0 v j g t g h t g . ' c ' r q t v k p ' q h ' v j k u ' i k h ' y k n l d g ' f k g e v g f ' v q ' v j g ' E r k p k e c i c p f ' C e c f g o k e ' H w p f ' c u f k g e v g f ' d l ' v j g ' D q c t f ' q h ' v t w a g g u ' q h ' L q j p u ' J q r n k p u ' O g f k e k p g O'*

A copy of the current annual financial statement may be found at [www.controller.jhu.edu/pubs/financial\\_reports/](http://www.controller.jhu.edu/pubs/financial_reports/).