



**The Department of Medicine**  
 Hospitalist Program  
 Donna Bolin, Associate Director of Development  
 Johns Hopkins Bayview Medical Center  
 Mason F. Lord Building, Center Tower | Suite 357  
 Baltimore, MD 21224  
[www.hopkinsmedicine.org/Hospitalists/index.html](http://www.hopkinsmedicine.org/Hospitalists/index.html) | 410-550-9893

# 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: \_\_\_\_\_

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

**MAIL THIS FORM TO:**  
**The Department of Medicine**  
**Donna Bolin, Associate Director of Development**  
**Johns Hopkins Bayview Medical Center**  
**Mason F. Lord Building, Center Tower, Suite 357**  
**Baltimore, MD 21224**

For more information about the Hospitalist Program: <http://www.hopkinsmedicine.org/Hospitalists/index.html>

*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/](http://www.controller.jhu.edu/pubs/financial_reports/).