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: ____________________________________________

Gift is made in ☐ honor of: ☐ memory of: ____________________________

Please notify: ____________________________________________

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 Department of Neurology at Johns Hopkins in my will, a trust, or other financial plans.
☐ I would like information on how to include the Department of Neurology 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 Department of Neurology.
   ☐ Please call me at this #: __________________________. The best day and time to call is __________________________.

MAIL THIS FORM TO:
The Department of Neurology
Fund for Johns Hopkins Medicine
550 North Broadway | Suite 731 | Baltimore, MD 21205
www.hopkinsmedicine.org/neuro | 443-287-7877

For more information about the Department of Neurology: www.hopkinsmedicine.org/neuro

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/.

Updated 1/23