



The Department of Medicine
 Division of Allergy and Clinical Immunology Monica
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 Johns Hopkins Bayview Medical Center
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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
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GIFT DESIGNATION

Please designate my gift:

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RECOGNITION

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

MAIL THIS FORM TO:

Monica M. Butta, Senior Associate Director of Development
The Department of Medicine Development Office
Johns Hopkins Bayview Medical Center
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For more information about the Division of Allergy and Clinical Immunology: www.hopkinsmedicine.org/allergy

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/.