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 Johns Hopkins Heart and Vascular Institute in my will, a trust, or other financial plans.

☐ I would like information on how to include the Johns Hopkins Heart and Vascular Institute 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 Heart and Vascular Institute.

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

MAIL THIS FORM TO:

Johns Hopkins University and Medicine
Attn: Heart and Vascular Institute
PO Box 49143
Baltimore MD 21297-9143

For more information about the Johns Hopkins Heart and Vascular Institute
www.hopkinsmedicine.org/heart_vascular_institute

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.