



Division of Infectious Diseases

Department of Medicine

Donna Bolin

Fund for Johns Hopkins Medicine

5200 Eastern Avenue | MFL Building | Center Tower | Suite 358

Baltimore, MD 21224

http://www.hopkinsmedicine.org/medicine/id | 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 Johns Hopkins Division of Infectious Diseases in my will, a trust, or other financial plans.

I would like information on how to include the Johns Hopkins Division of Infectious Diseases 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 Infectious Diseases.

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 Infectious Diseases

Donna Bolin

5200 Eastern Avenue

MFL Building, Center Tower, Suite 358

Baltimore, MD 21224

For more information on the Division of Infectious Diseases, please contact Donna Bolin at dbolin1@jhmi.edu

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/.