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.

Name ____________________________

Address ____________________________

City ____________________________ State _____________

Zip _____________ Phone ____________________________

ADDITIONAL WAYS TO GIVE

☐ I am making my gift with appreciated securities.

☐ I have included the Institute for Basic Biomedical Sciences at Johns Hopkins in my will, a trust, or other financial plans.

☐ I would like information on how to include the Institute for Basic Biomedical Sciences 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 Institute for Basic Biomedical Sciences.

☐ Please call me at this #: ____________________________.

The best day and time to call is ____________________________.

MAIL THIS FORM TO:
Institute of Genetic Medicine
Fund for Johns Hopkins Medicine
855 North Wolfe Street, Rangos 550
Baltimore, MD 21205

For more information about the IGM: www.igm.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/.

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