Charitable Giving Form

CASH GIFT

Gift amount: $___________ (Gifts are tax-deductible in accordance with the Internal Revenue Code.)

☐ I have enclosed a check for $___________.

(If making your gift by credit card, please fill out the following information.)

☐ 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 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 for Basic Biomedical Sciences
Fund for Johns Hopkins Medicine
855 North Wolfe Street, Rangos 550
Baltimore, MD 21205

For more information about the IBBS: www.hopkinsmedicine.org/institute_basic_biomedical_sciences

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 10/18