



**The Johns Hopkins Kimmel Cancer Center**  
 Fund for Johns Hopkins Medicine  
 P.O. Box 17029 | Baltimore, MD 21297-1029  
 kimmelgiving@jhmi.edu | 410-361-6391  
 www.hopkinskimmelcancercenter.org

# 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 program 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. \_\_\_\_\_
- Specific disease or program: \_\_\_\_\_
- Friends of Oncology Nursing
- Other: \_\_\_\_\_

My gift is..  In Memory Of  In Honor Of  
 Honoree's Name and Address:

Would you like to notify family members or next of kin of your gift?

Alternate Notification Name and Address:

## ADDITIONAL WAYS TO GIVE

- I am making my gift with appreciated securities.
- I have included the Johns Hopkins Kimmel Cancer Center in my will, a trust, or other financial plans.
- I would like information on how to include the Johns Hopkins Kimmel Cancer Center 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 Kimmel Cancer Center.
- Please call me at this #: \_\_\_\_\_ . The best day and time to call is \_\_\_\_\_ .

**MAIL THIS FORM TO:**  
**The Johns Hopkins Kimmel Cancer Center**  
**\*\*\*\*\*R0Q0Dqz'3924;**  
**Baltimore, MD 212; 9/324;**

For more information, visit our website:

[www.hopkinskimmelcancercenter.org](http://www.hopkinskimmelcancercenter.org)

*I kuu'vq'Lqj pu'J qrnkpu'O gf kekpg'ct g'waddge'v'vj g'r qktekgu'qhl'vj g'kpu'kwkpu'kp'r'rc'eg'c'v'vj g'v'o g'qhl'vj g'i k'o*

*Vj g'ghqt g.'c'r qt vkp'qhl'vj ku'i kv'y kn'dg'f kt gev'f 'v'vj g'Erkpk'c'nc'pf 'Cecf go ke'Hwpf 'c'u'f kt gev'f 'd' 'vj g'Dqctf 'qhl'vt wagg'qhl'Lqj pu'J qrnkpu'O gf kekpg'0"*

*C'eqr { 'qhl'vj g'ewt g'p'v'c'ppw'c'k'p'c'k'c'nc'v'go g'p'v'o c'f 'dg'k'wp'f 'c'v'y y y 'k'p'c'p'eg'0j w'q'f w'k gr qt uai w'f gull'k'p'c'k'c'nc'v'go g'p'u'q' vo r'0"*