



The Johns Hopkins Kimmel Cancer Center
 Fund for Johns Hopkins Medicine
 P.O. Box 49143 | Baltimore, MD 21297-9143
 kimmelgiving@jhmi.edu | 410-361-6391
 www.hopkinskimmelcancercenter.org

Charitable Giving Form

DONOR INFORMATION:

Name _____ Address _____
 Phone _____ Email _____ City _____ State _____ Zip _____

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: _____

Would you like to notify family members or next of kin of your gift? Yes No

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:
Johns Hopkins University and Medicine
Attn: Kimmel Cancer Center
P.O. Box 49143
Baltimore, MD 21297-9143

For more information, visit our website:
www.hopkinskimmelcancercenter.org

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.finance.jhu.edu/reports_guides/financial_reports/financial_statements.html