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 Department of Neurosurgery in my will, a trust, or other financial plans.

☐ I would like information on how to include the Johns Hopkins Department of Neurosurgery 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 Department of Neurosurgery.

☐ Please call me at this #:_______________________. The best day and time to call is ____________________.

MAIL THIS FORM TO:

Johns Hopkins University and Medicine
Attn: Departments of Neurosurgery,
Physical Medicine & Rehabilitation
550 N. Broadway, Suite 722
Baltimore, MD 21205

For more information about the Johns Hopkins Department of Neurosurgery
https://www.hopkinsmedicine.org/neurology_neurosurgery

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.