



Charitable Giving Form

Development Office
600 N. Wolfe Street, Wilmer 112
Baltimore, MD 21287
410-955-2020

DONOR INFORMATION

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 _____

GIFT DESIGNATION

- Where the need is greatest.
- To support the work of Dr. _____
- Other: _____

CASH GIFT

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

- I have enclosed a check for \$ _____. (Please make payable to Johns Hopkins University.)
- I wish to make my gift by credit card (Circle One): VISA MASTERCARD AMEX DISCOVER
Card # _____ Exp. Date _____
Name on Card _____ Signature _____
- I pledge \$ _____ to be paid in amounts of \$ _____ over _____ years.

TRIBUTE GIVING

At your request, we will notify the designated party that a gift has been made in his/her honor. For memorial gifts, we will notify the family.

In Honor/In Memory of (Circle One): _____
Recipient of Notification: _____
Address: _____
City: _____ State: _____ Zip: _____

- I would like to know more about ways of giving to the Wilmer Eye Institute.
- Please call me at this #: _____. The best day and time to call is _____.

PLEASE MAIL THIS FORM TO:
The Wilmer Eye Institute
Development Office
600 N. Wolfe Street, Wilmer 112
Baltimore, MD 21287

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. For more information about the Wilmer Eye Institute, visit: www.hopkinsmedicine.org/wilmer.