



FUND FOR JOHNS HOPKINS MEDICINE
 Department of Physical Medicine and Rehabilitation
 550 North Broadway | Seventh Floor
 Baltimore, MD 21205
www.hopkinsmedicine.org/rehab | 443-287-7959

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

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./PT/OT/SLP _____
 (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 Department of Physical Medicine and Rehabilitation at Johns Hopkins in my will, a trust, or other financial plans.

I would like information on how to include the Department of Physical Medicine and Rehabilitation 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 Department of Physical Medicine and Rehabilitation.

Please call me at this #: _____. The best day and time to call is _____.

MAIL THIS FORM TO:

Fund for Johns Hopkins Medicine
Department of Physical Medicine and Rehabilitation
Attn: Lauren Malloy, Associate Director
550 North Broadway, Seventh Floor
Baltimore, MD 21205

For more information about the Department of Physical Medicine and Rehabilitation visit:
https://www.hopkinsmedicine.org/physical_medicine_rehabilitation/

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 is available by phoning 410-516-2832 for gifts to Johns Hopkins.