



The Department of Medicine
 Center for Innovative Medicine
 Kimberly Constantine, Executive Director of Development
 Johns Hopkins Bayview Medical Center
 Mason F. Lord Building, Center Tower | Suite 353
 Baltimore, MD 21224
 www.hopkinsCIM.org | 410-550-9880

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 Center for Innovative Medicine in my will, a trust, or other financial plans.
- I would like information on how to include the Johns Hopkins Center for Innovative Medicine 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 Center for Innovative Medicine.
- Please call me at this #: _____. The best day and time to call is _____.

MAIL THIS FORM TO:

The Department of Medicine
Kimberly Constantine, Executive Director of Development
Johns Hopkins Bayview Medical Center
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Baltimore, MD 21224

For more information about the Center for Innovative Medicine: www.hopkinsCIM.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.controller.jhu.edu/pubs/financial_reports/.