

Charitable Giving Form



The Wilmer Eye Institute
Wilmer Development Office, Wilmer 112
600 North Wolfe Street | Baltimore, MD 21287-9015
www.hopkinsmedicine.org/wilmer | 410-955-2020

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 to Dr. Ava Bittner's work.

☐ Please designate my gift to the greatest area of need at the Wilmer Eye Institute.

☐ Please designate my gift to the following area(s): Acupuncture for RP

☐ Cataract & Corneal Diseases

☐ Children's Eye Diseases

☐ Eye Cancer

☐ Eye Care for the Indigent

☐ Glaucoma

☐ International Ophthalmology – Dana Center

☐ Macular Degenerations, Diabetic

Retinopathy and other Retinal Diseases

☐ Neuro Ophthalmology

☐ Next Generation Fund for Young Faculty Research

☐ Oculoplastics and Trauma

☐ Surgical Innovation and Education

☐ Uveitis & Ocular

Immunology

☐ Vision Rehabilitation

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 Wilmer Eye Institute at Johns Hopkins in my will, a trust, or other financial plans.

☐ I would like information on how to include the Wilmer Eye Institute 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 Wilmer Eye Institute.

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

MAIL THIS FORM TO:

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Baltimore, MD 21287-9015

For more information about Wilmer: www.hopkinsmedicine.org/wilmer

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/.