

# Faculty and Staff Contribution Form

## Contact Information

MR./MRS.  
MS./DR. \_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
E-MAIL

I AM A HOPKINS GRADUATE, CLASS OF \_\_\_\_\_

SCHOOL \_\_\_\_\_

THIS GIFT IS JOINT WITH \_\_\_\_\_

THIS GIFT IS:  
IN HONOR OF \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

PLEASE SEND ACKNOWLEDGEMENT OF THIS GIFT TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

## Three Ways to Give

**1 PAYROLL DEDUCTION**  
Please deduct \$\_\_\_\_\_ for \_\_\_\_\_ number of pay periods from my paycheck for a total gift of \_\_\_\_\_.  
(Minimum of \$5 per pay period for a maximum of 120 pay periods.)

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Personnel # (4-6 digits) \_\_\_\_\_

Payroll Type:    Semi-Monthly        Bi-Weekly        Weekly

**SIGNATURE** \_\_\_\_\_  
**REQUIRED TO AUTHORIZE YOUR PLEDGE AND DEDUCTIONS**

I understand my signature on the authorization shall remain in effect for the number of pay periods indicated above; it will take a minimum of one pay period following submission for the deduction to begin. I authorize Johns Hopkins University/Johns Hopkins Medicine to deduct the amount indicated from my paycheck.

**2 CHECK**  
Enclosed is my check payable to Johns Hopkins in the amount of \$\_\_\_\_\_.

**3 CREDIT CARD**  
Please charge my credit card in the amount of \$\_\_\_\_\_.  
      Visa        MasterCard        American Express

ACCOUNT NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## Gift Designations

Please designate my gift to:

\_\_\_\_\_  
Division/Department/School

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Division/Department/School

Account Name

- Johns Hopkins is in my/our estate plans
- Please send information about gifts that pay me/us an income

\$\_\_\_\_\_ amount per pay period or total per designation

\$\_\_\_\_\_ amount per pay period or total per designation

### For Office Use Only:

Rec'd OAG on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

Rec'd OAS on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

### Gift Information:

Fund# \_\_\_\_\_

CostObj# \_\_\_\_\_

Appeal: SRN21                      Fiscal Year: 20\_\_\_\_\_

## Thank you!

Complete and return form to:

Johns Hopkins University  
Office of Annual Giving  
3400 N. Charles Street • San Martin Center, Baltimore, MD 21218-2696  
Phone (410) 516-3400 • Fax (410) 516-3375 • [oag@jhu.edu](mailto:oag@jhu.edu)  
<https://giving.jhu.edu/information-for-faculty-staff>