JOHNS HOPKINS
UNIVERSITY & MEDICINE

Faculty and Staff Contribution Form

Save Print

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 _____

Two Ways to Give

1 PAYROLL DEDUCTION

Please deduct $ _____ for _____ number of pay periods from my paycheck for a total gift of $ _____.

Date of Birth:____ /____/_____

Personnel # (4-6 digits) _____

Payroll Type: Semi-Monthly Bi-Weekly Weekly

(Minimum of $5 per pay period for a maximum of 120 pay periods.)

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 $ _____.

Gift Designations

Please designate my gift to:

_____
Division/Department/School

_____
Account Name

$ _____ amount per pay period or total per designation

_____
Division/Department/School

_____
Account Name

$ _____ amount per pay period or total per designation

☐ Johns Hopkins is in my/our estate plans

☐ Please send information about gifts that pay me/us an income

For Office Use Only:

Rec'd OAG on ___/___/___ by _____
Rec'd OAS on ___/___/___ by_____

Gift Information:
Fund#_____
CostObj#_____
Appeal: SRN20 Fiscal Year: 20____

Thank you!

Complete and return form to:

Johns Hopkins University, Office of Annual Giving
6225 Smith Avenue
Mount Washington North, Suite 100B
Baltimore, MD 21209

Phone (410) 516-3400 • oag@jhu.edu
https://giving.jhu.edu/information-for-faculty-staff