

# 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 (minimum of \$5 per pay period) from my paycheck for a total gift of \$ \_\_\_\_\_.  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Personnel # (4-6 digits) \_\_\_\_\_  
Payroll Type:    Semi-Monthly    Bi-Weekly    Weekly

**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

### 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.

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

SIGNATURE \_\_\_\_\_

## 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 DBS on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_

**Gift Information:**  
Fund# \_\_\_\_\_  
CostObj# \_\_\_\_\_  
Appeal: S16PD                      Fiscal Year: 20 \_\_\_\_\_

## Thank you!

Complete and return form to:  
Peabody Institute, Office of External Relations  
Schapiro House, 1 East Mount Vernon Place  
Baltimore, MD 2:  
clitofs1@jhu.edu    www.peabody.jhu.edu/FoundersWeek