

Printable contribution form to fill out and send with gift.

# Tidewell®

YOUR LOCAL,  
NOT-FOR-PROFIT  
HOSPICE

SINCE 1980

I want to make a contribution to Tidewell's caring mission through my gift of \$ \_\_\_\_\_

My gift is given  in memory of (deceased) \_\_\_\_\_

in honor of (living) \_\_\_\_\_

Please send notification of this gift to the following family member: (please print)

Relationship to honor or memorial \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Tidewell may publicly acknowledge your gift.** If you wish to remain anonymous please check box.

My check payable to **Tidewell Hospice** is enclosed

I would like to charge my gift MC  Visa  Discover  AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Gift Amount \_\_\_\_\_

Contributions may also be made online at [www.tidewell.org](http://www.tidewell.org) -

or call 1-800-959-4291, ext. 7597. All gifts are tax deductible

to the extent provided by law. Tax ID #59-1911861

Mail to: Tidewell Hospice

Philanthropy Department

5955 Rand Blvd.

Sarasota, FL 34238

#### Matching Gift

Company \_\_\_\_\_

Spouse Company \_\_\_\_\_

Procedure: \_\_\_\_\_

Form enclosed

Other procedure initiated

Many companies increase the value of their employees' and retirees' charitable contributions through matching gifts programs. Matching gifts programs can double or even triple your gift to Tidewell, at no additional cost to you. You may be eligible if you or your spouse are employed, serve on a board for, or are retired from a matching gift company. Contact your company's human resource department to find out if your employer will match your gift to Tidewell.

Helping people live well by providing care, comfort and compassion.