

Please print and fill out this form. Mail form to:

TIDEWELL HOSPICE
Attn: Philanthropy Department
5955 RAND BLVD
SARASOTA FL 34238-9989



Yes, I wish to honor my Angel with a gift to Tidewell Hospice

You have the opportunity to support Tidewell Hospice while paying tribute to a special colleague or volunteer who made the difference in your visit or stay. Your Angel receives an acknowledgement letter announcing that a contribution has been made in his or her honor. Plus, he or she will receive a custom-crafted lapel pin to wear proudly.

I would like to contribute: \$25 \$50 \$100 \$500 \$1,000 Other amount \$ _____

My gift is in appreciation of my Tidewell Angel _____
(Name of Tidewell Colleague or Volunteer)

(Tidewell Facility or Team)

Please feel free to enclose a note to your Tidewell Angel. We are happy to pass along your kind words.

Please charge my gift of \$ _____ to my Visa Master Card Discover American Express

Card Number _____ Exp. Date _____

Print name as it appears on the card _____

Signature _____

If paying by check, please make payable to Tidewell Hospice.

Your Name _____ E-mail address _____

Address _____

City _____ State _____ Zip _____

I plan on including Tidewell Hospice in my will or estate plan. I have included Tidewell Hospice in my will or estate plan.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Tidewell Hospice is a 501 (c) 3 not-for-profit organization whose federal identification number is 59-1911861.



www.tidewell.org

Toll free 1-855-Tidewell (855-843-3935)
Serving Manatee, Sarasota, Charlotte and DeSoto counties.