

Memorial Giving Order Form

Memorial Gift

In memory of _____
(Name of your Tidewell Angel)

Tidewell Angel Gift

My gift is in appreciation of my Tidewell Angel _____
(Tidewell Facility or Team)

**Please feel free to enclose a note
to your Tidewell Angel.**

Remembrance Walkway Brick

Tidewell Foundation orders bricks quarterly

Please place my engraved brick(s) at
the following location:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="radio"/> Arcadia | <input type="radio"/> Bradenton |
| <input type="radio"/> Ellenton | <input type="radio"/> Lakewood Ranch |
| <input type="radio"/> Port Charlotte | <input type="radio"/> Sarasota |
| <input type="radio"/> Venice | |

Please use brick size:

- 8" x 4" (3 lines of message, \$250)
- 12" x 12" (8 lines of message, \$1,000)

Please include the following message:

(20 Characters, including punctuation and spaces, per line max.)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

Payment/Contact Form

Check

Please make checks payable to **Tidewell Foundation**

Amount of Check _____

Number on Check _____

Credit Card

Card Type:

- American Express
- Discover
- Mastercard
- Visa

Amount _____

Card Number _____

Expiration Date _____ CVV _____

Name on Card _____

Billing Address _____

Signature _____

Contact

Name _____

Address _____

City _____ State _____ Phone _____

Email _____

Send Form to

Tidewell Foundation

3550 S. Tamiami Trail, Sarasota, FL 34239



TIDEWELL FOUNDATION

Thank you for your support!

Your donation helps Tidewell Foundation provide care, comfort, and compassion to patients and families served by Tidewell Hospice and Empath Health affiliates.