



Angel Recognition Form

Please fill out this form and mail or email to:

Tidewell Foundation
ATTN: Samantha McKee
3550 S. Tamiami Trail
Sarasota, FL 34239

SamanthaMckee@TidewellFoundation.org

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

I would like to honor an Angel with a donation of:

\$25 \$50 \$100 \$500 \$1,000 Other amount \$ _____

My gift is in honor of my Angel _____
(Name of Empath Colleague or Volunteer)

(Empath Care Center or Team)

Please feel free to enclose a note to your 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 _____

If paying by check, please make it payable to Tidewell Foundation

Your Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

I plan on including Tidewell Foundation in my will or estate plan.

I have included Tidewell Foundation in my will or estate plan.

Your Gift Helps Brighten Lives in Our Community!

The Tidewell Foundation, Inc., is a registered 501(c)(3) non-profit corporation. 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 (or 1-800-352-9832 en Español) or going on the department's website www.floridaconsumerhelp.com. Registration does not imply endorsement, approval, or recommendation by the state. One hundred percent (100%) of the donation is received by the Tidewell Foundation, Inc. Charitable Solicitation Registration #CH63240. TF-031224-0900

 **empath**
TIDEWELL
FOUNDATION

TidewellFoundation.org
(941) 552-7515