

Angel Recognition Form

Please fill out this form and mail or email to:
Tidewell Foundation
ATTN: Valerie Vitale
3550 S. Tamiami Trail

Sarasota, FL 34239

ValerieVitale@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 <u></u> \$50	00 🔲 \$1,000 🔲 Other amount \$	_
My gift is in honor of my Tidewell Angel (Name of Tidewell Angel)		_
(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		
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 of ☐ I have included Tidewell Foundation in my will or e	•	

Your Gift Helps Brighten Lives in Our Community!

