Angel

Angel Recognition Form

Please fill out this form and mail or email to:
Tidewell Foundation
ATTN: Becky Abraham
3550 S. Tamiami Trail
Sarasota, FL 34239

Rabraham@tidewellfoundation.org

YOU have the opportunity to support Tidewell Hospice while paying tribute to a special colleague or volunteer who made a difference. Your Angel receives a notecard announcing that a contribution has been made in their honor and they will receive a custom-crafted Empath Angel lapel pin to wear proudly.

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

☐ $1,000 ☐ $500 ☐ $100 ☐ Other amount $_____

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

Tidewell Facility or Team (Location)_____

Who Cared for (Patient's Name)_____

Please feel free to enclose a note to your Empath 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!

empath TIDEWELL FOUNDATION

TidewellFoundation.org
941.552.7546