



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!

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-092523-0306

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TidewellFoundation.org
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