

Printable contribution form to fill out and send with gift.



I want to make a contribution to Tidewell's caring mission through my gift of \$ _____

My gift is given in memory of (deceased) _____

in honor of (living) _____

Person to be acknowledged – relationship to honor or memorial _____

Please send an acknowledgement card to the following family member: (please print)

Name _____

Address _____

City/State/Zip _____

Donor's Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Tidewell may publicly acknowledge your gift. If you wish to remain anonymous please check box.

My check payable to **Tidewell Hospice** is enclosed

I would like to charge my gift MC Visa Discover AMEX

Card No. _____ Exp. Date _____

Cardholder Name _____ Gift Amount _____

Contributions may also be made online at www.tidewell.org – or call 1-800-959-4291, ext. 7597

All gifts are tax deductible to the extent provided by law. Tax ID #59-1911861

Mail to: Tidewell Hospice

Attn: Philanthropy Department

5955 Rand Blvd.

Sarasota, FL 34238

Tidewell Hospice's mission is to provide the highest quality of care that embraces a comprehensive continuum of services for patients and families living with advanced illness within the communities it serves, regardless of ability to pay.