

TODAY'S DATE: _____

STAFF ACCEPTING DONATION: _____

DONOR PERSONAL INFORMATION:

Name: _____
Address: _____
Street Address

City State Zip Code
Telephone: _____ Alternate Phone: _____
Email address _____

GIVEN IN HONOR OR IN MEMORY OF:

Name: _____
PERSON TO BE NOTIFIED OF GIFT (amounts will not be specified)
Name: _____ Phone: _____
Address: _____
Street Address

City State Zip Code

Relationship between the person honored and person to be notified

PAYMENT INFORMATION:

Credit Card Donations are accepted on our
web site: www.TidewaterHospice.com

AMOUNT: \$ _____ CASH CHECK Check # _____

Please make checks payable to: Tidewater Foundation

Tidewaterwater Foundaton is an
IRS 501 (c)(3) tax exempt corporation

NOTES:

IN-KIND DONATION:

List Item(s)
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Use separate page for additional items