

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.Tidewater Hospice.com](http://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*