



TIDEWELL FOUNDATION LEGACY SOCIETY



TF-062022-1230

LEGACY GIFT COMMITMENT FORM

To leave a bequest is to make a permanent statement of your values. It is by this act that you will be remembered for what you cared about and you can build a Legacy that reflects your values now and in the future. It also sends a powerful message about the importance of supporting Tidewell's services for succeeding generations of patients. Your gift will ensure that Tidewell's mission of comfort, compassion and care will be sustained far into the future for all patients regardless of ability to pay.

I, _____, intend to include a legacy gift for Tidewell Foundation in my estate plan.

Address/Phone/Email

Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

My legacy gift will be provided in the following manner

- | | |
|---|--|
| <input type="checkbox"/> A bequest in my Will or Living Trust | <input type="checkbox"/> A beneficiary designation in my: |
| <input type="checkbox"/> A Charitable Remainder Trust | <input type="radio"/> Life insurance |
| <input type="checkbox"/> Other | <input type="radio"/> IRA or Pension Plan |
| <input type="checkbox"/> (Optional) Estimated Value of Gift: \$ _____ | <input type="radio"/> Annuity |
| <input type="checkbox"/> Contact me to discuss my impact | <input type="radio"/> Brokerage or Bank Account |

Note: This statement does not legally bind your estate or you; it is an expression of your current plans to support Tidewell Foundation through the proceeds of this gift. Tidewell Foundation understands that the estimated valued noted above, if any, may not be the realized value.

Executor(s), Trustee(s), Personal Representative(s) (Optional):

If your gift is included in a Will or Trust, please provide as much contact information as you are willing to share:

Name, Address, Phone, Email _____
Name, Address, Phone, Email _____

Recognition of your Gift:

- | | |
|--|--|
| <input type="checkbox"/> For recognition purposes,
please list my name as follows _____ | <input type="checkbox"/> Please do not include my name in
any public listing of donors. |
|--|--|

Signature _____ Date _____

We understand that you may change your estate plan at any time, and as such, this form is non-binding. We will keep your information strictly confidential unless you give Tidewell Foundation permission to publicly acknowledge your generosity. Please return this form to the Tidewell Foundation and feel free to contact us if you have any questions.

Tidewell Foundation EIN 85-0729071

FORM SUBMISSION AND QUESTIONS

Email: Giving@TidewellFoundation.org
Phone: (941) 552-7546 Fax: (941) 552-7514
Mail or In Person to Tidewell Foundation:
3550 S. Tamiami Trail, Sarasota, FL 34239

