



TIDELANDS HEALTH DONATION FORM

Thank you for supporting our mission to help people live better lives through better health.

Please clearly print your information. Send your completed form with a check or money order payable to Tidelands Health to Tidelands Health Office of Philanthropy, PO Box 421718, Georgetown, SC 29442.

I have enclosed a gift of \$ _____.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Email: _____

If applicable, note any special instructions regarding your donation.

Donations are tax deductible to the extent the law allows. We are a 501(c)(3) organization, with an IRS ruling year of 1959. Our Tax ID is 02-0598440.

Consider including us in your will, trust or estate plan. It is a simple way to make an impact and leave a lasting legacy.

If you have any questions, please call us at 843-652-8080 or contact us by email at philanthropy@tidelandshealth.org.