



ETOBICOKE/YORK SUB-UNIT
Benevolent Information Form 2024-2025

| 1. Flowers sent for a minimum ten days illness to: | | | |
|---|---------------------|-------------------|-------------|
| Member's Name | | | |
| Address Number and Street | | Unit/Apt. | Postal Code |
| School | School Phone Number | Home Phone Number | |
| Association Representative | | | |

| 2. Mass card sent for bereavement of (please circle): | | | | | | | | |
|--|---------------------|--------|-----------|-------------------|-------------|-------|------------|---------------|
| Spouse | Mother | Father | Sister | Brother | Grandparent | Child | Grandchild | Parent-in-law |
| Deceased Person's Name | | | | | | | | |
| Member's Name | | | | | | | | |
| Address Number and Street | | | Unit/Apt. | City | Postal Code | | | |
| School | School Phone Number | | | Home Phone Number | | | | |
| Association Representative | | | | | | | | |



Please send this form to:
Rhodora Vanderpool (Benevolent Co-Chair), St. Angela
Via Board courier, by fax at 416-397-6041 or email a copy to rhodora.vanderpool@tcdsb.org.