

## **ETOBICOKE/YORK SUB-UNIT**

## **Benevolent Information Form 2024-2025**

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Address Number and Street		Unit/Apt.			City		Postal Cod	
School		I	School Phone Number			Home Phone Number		
ssociation F	Representative							
2 1/1	acc card	cont for	horoavon	nont of w				
2. M	ass card	sent for	bereaven	nent of (pl	ease circle):			I
2. M	ass card  Mother	<b>sent for</b> I	<b>bereaven</b> Sister	nent of (pl	ease circle): Grandparent	Child	Grandchild	Parent-in-la
Spouse						Child	Grandchild	Parent-in-la
Spouse	Mother					Child	Grandchild	Parent-in-la
Spouse Deceased Pe	Mother erson's Name					Child	Grandchild	Parent-in-la
Spouse	Mother erson's Name					Child	Grandchild	Parent-in-la
Spouse Deceased Pe	Mother erson's Name	Father		Brother	Grandparent		Grandchild	Parent-in-la
Spouse Deceased Pe	Mother erson's Name	Father			Grandparent	Child	Grandchild	
Spouse Deceased Pe Member's Na	Mother erson's Name	Father	Sister	Brother Unit/Apt	Grandparent	City		
Spouse Deceased Pe	Mother erson's Name	Father		Brother Unit/Apt	Grandparent			
Spouse Deceased Per Member's Na Iddress Num	Mother erson's Name	Father	Sister	Brother Unit/Apt	Grandparent	City		

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 <a href="mailto:rhodora.vanderpool@tcdsb.org">rhodora.vanderpool@tcdsb.org</a>.