



## SCARBOROUGH SUB-UNIT

Benevolent Information Form 2024-2025

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

<b>2. Mass card sent for bereavement of</b> <i>(please circle):</i>								
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 complete, scan and send this form to:**  
**Luisa Colangelo (Benevolent Chair) at**  
[luisa.colangelo@tcdsb.org](mailto:luisa.colangelo@tcdsb.org)