



**TORONTO/EAST YORK 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 Code			Unit/Apt.			City		Postal
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 send this form to: Marina Costa (Benevolent Chair),**  
**Via email: [marina.costa@tcdsb.org](mailto:marina.costa@tcdsb.org)**