



NORTH YORK SUB-UNIT
 Benevolent Information Form 2023-2024

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 <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								

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Please send this form to: Jason Paoella (Benevolent Chair)
Via board courier to TECT OFFICE or scan and send it to
jason.paoella@tcdsb.org