



ETOBICOKE/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.	City	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:
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.