

ETOBICOKE/YORK SUB-UNIT

Benevolent Information Form 2023-2024

1. Flowers sent for a minimum ten days illness to:								
Member's Na		int for a		terr days	iniicoo t	<u>. </u>		
Address Number and Street			Unit/Apt.			City Destal Code		
Address Number and Street		Unit/Apt.		•	City		Postal Code	
School		School Phone Number			Home Phone Number			
Association R	Representative							
ASSOCIATION	tepresentative							
2. Mass card sent for bereavement of (please circle):								
Spouse	Mother	Father	Sister	Brother	Grandparen	t Child	Grandchild	Parent-in-law
Deceased Person's Name								
Deceased Leison's Name								
Member's Name								
Address Number and Street		Unit/Apt.		t.	City		Postal Code	
School		School Phone Number			Home Phone Number			
Association R	Representative		•		•			
School Association Representative		School Phone Number			Home Phone Number			

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.