



TORONTO/EAST 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 Code			Unit/Apt.			City		Postal	
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									

Please send this form to: Marina Costa (Benevolent Chair),
Via email: marina.costa@tcdsb.org