

ETOBICOKE/YORK SUB-UNIT

Benevolent Information Form 2025-2026



1. Flowers sent for a minimum of 10 (consecutive) School 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 or Planted Tree sent for bereavement of (please circle)

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 indicate if you would like a Mass Card or a Tree Planted in their honour. (Please circle)

Please contact/forward to: Rhodora Vanderpool rhodora.vanderpool@tcdsb.org AND/OR Jennifer DosSantos at jennifer.dossantos@tcdsb.org once the form is completed or for questions.