



**NORTH YORK SUB-UNIT**  
 Benevolent Information Form 2025-2026

<b>1. Flowers sent for a minimum ten days illness to:</b>			
Member's Name			
Address Number and Street	Unit/Apt.	City	Postal Code
School	School Phone Number	Home Phone Number	
Association Representative			

<b>2. Mass card sent for bereavement of</b> <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: Jason Paolella (Benevolent Chair)**  
**Via board courier to TECT OFFICE or scan and send it to**  
[jason.paolella@tcdsb.org](mailto:jason.paolella@tcdsb.org)