



SCARBOROUGH SUB-UNIT
Benevolent Information Form 2025-2026

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								



Please complete, scan and send this form to:
Julia Hui (Benevolent Chair) at
julia.hui@tcdsb.org