



**TORONTO/EAST 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 Code			Unit/Apt.			City		Postal	
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: Marina Costa (Benevolent Chair),**  
**Via email: [marina.costa@tcdsb.org](mailto:marina.costa@tcdsb.org)**