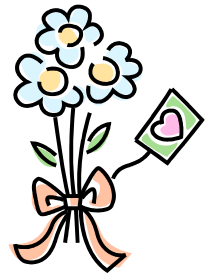




## Peel Elementary Teachers' Local Goodwill Committee

### Flowers will be sent:

- ♥ when a member has a baby or adopts a child;
- ♥ when a member is ill for more than 10 consecutive school days;
- ♥ in the event of a member's death;
- ♥ in the event of a death in a member's immediate family (spouse, same-sex partner, partner, or child).



**Note:** a donation in lieu of flowers may be requested.

### A card will be sent:

- ♥ in the event of a death in a member's extended family (parent, sibling, grandparents, etc.).

**Please note:** Requests **must** be sent by the attached fax sheet. Telephone requests cannot be accepted.

**Aaron Anderson – Cheyne Middle School**  
**Fax: (905) 840-8134**





# Peel Elementary Teachers' Local Goodwill Committee



**TO:** Aaron Anderson – Cheyne Middle School  
**FAX:** (905) 840-8134  
**FROM:** \_\_\_\_\_

*Incomplete forms will not be processed.*

**Name of Steward:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**School phone number:** \_\_\_\_\_

**Name of member:** \_\_\_\_\_

**Member's home phone number:** \_\_\_\_\_

**Member's home address:** \_\_\_\_\_  
\_\_\_\_\_



*Please complete only the appropriate section below:*

<b>Birth or Adoption</b>	
<input type="checkbox"/> flowers	<input type="checkbox"/> donation _____ (specify charity)

<b>Member Illness</b>	
Dates absent: from _____ to _____.	
<input type="checkbox"/> flowers	<input type="checkbox"/> donation _____ (specify charity)

<b>Death of a Member</b>	
Send to (name and address): _____ _____ _____	
<input type="checkbox"/> flowers	<input type="checkbox"/> donation _____ (specify charity)

<b>Death in a Member's Immediate Family</b>	
Send to (name and address): _____ _____ _____	
<input type="checkbox"/> flowers	<input type="checkbox"/> donation _____ (specify charity)

<b>Death in a Member's Extended Family</b> (a card will be sent)	
Send to (name and address): _____ _____ _____	