

Social Committee Acknowledgement Form

2018/2019

RETEA Member: Name _____
Address _____
City /Town _____
Postal Code _____
Home phone number _____
School _____

1) Reason for acknowledgement / a card being sent:

_____ **Illness of more than 15 consecutive working days** (do not submit request until the 15th day of absence has occurred)

_____ **Birth or Adoption of:** _____ son, _____ daughter _____ grandchild

_____ **Death of any family member:** _____ **state relation**

_____ **Wedding / Association member**

2) Reason for acknowledgement / Basket or Donation for a Death/ Select one of one of the following:

Please check off relationship to member:

_____ Association member _____ Spouse/common law partner
_____ Mother/step Mother _____ Mother-in-law _____ Sister
_____ Father /step Father _____ Father-in-law _____ Brother
_____ Daughter-in-law _____ Son-in law _____ Son/step son
_____ Daughter/step daughter _____ Grandchild

Name of deceased: _____

1) _____ **Basket:** _____ Flowers _____ Fruit basket
_____ Chocolate Basket _____ Nut Basket
_____ Combination of _____

2) _____ **Charitable donation to:** Name _____
Address _____
Postal Code _____

Submitted by: _____ **Date** _____

Please fax this form to: **Brenda LeBeau**
Donwood School

Fax: (204) 668-9269

******* Also send your hard copy through the courier*******