



C.E.P. LOCAL 52-A ECSSA CARING

-- Bereavement --

In the event of a death in the family of an ECSSA member, please complete ALL information below and forward to:

DONNA HORNE, Austin O'Brien School

FAX NUMBER: 780-466 6994

Date: _____ Sender: _____

No. of Pages (including this one) _____

We extend sympathies to

Mr/Mrs/Ms _____
(please circle one) (NAME)

(HOME ADDRESS)

(POSTAL CODE)

(WORK LOCATION)

on the loss of their

(RELATIONSHIP)

(RELATIVE'S NAME)

In memoriam, ECSSA will send a donation to the following
charitable organization, (as per the family's choice)

Please complete in full (name of organization, address, etc.)