



# ECSSA CARING

-- Illness --

## Illness:

In the event a member is away on sick leave, (a minimum period of two weeks), ECSSA will acknowledge by sending a gift.

Please complete the following form and forward to:

DONNA HORNE, Austin O'Brien School

FAX NUMBER: 780-466 6994

Date: \_\_\_\_\_ Sender: \_\_\_\_\_

No. of Pages (including this one) \_\_\_\_\_

We wish a speedy recovery to

Mr/Mrs/Ms \_\_\_\_\_  
(please circle one) (NAME)

\_\_\_\_\_  
(HOME ADDRESS)

\_\_\_\_\_  
(POSTAL CODE)

Home Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(WORK LOCATION)

Thank You.