Social Committee Acknowledgement Form

Information for RETEA Member being acknowledged:

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Home Phone Number: _____ School: _____

All information **MUST** be filled out or form will be returned

Reason Acknowledgement Requested: choose one from section A or B

A. ☐ Card Only (please select applicable)

- ☐ Illness– more than 15 consecutive working days absent (submit only after 15th day of absence)
- ☐ Birth or Adoption: ☐ son ☐ daughter ☐ grandchild
- ☐ Marriage–association member
- ☐ Death of a relative, please state relation to member: _____

B. ☐ Name of Deceased: _____

Relation to member:

- ☐ Spouse/Common law partner
- ☐ Mother (incl step)
- ☐ Father (incl step)
- ☐ Son-in-law
- ☐ Mother-in-law
- ☐ Father-in-law
- ☐ Son (incl step)
- ☐ Daughter (incl step)
- ☐ Association member
- ☐ Daughter-in-law
- ☐ Sister
- ☐ Brother
- ☐ Grandchild

Flowers or Basket or Donation for loss of family member indicated above (choose one)

- ☐ Flowers
- ☐ Basket ☐ Fruit ☐ Chocolate ☐ Nut ☐ Combination of _____
- ☐ Charitable Donation in memory of Deceased

Name of organization: _____

Address _____ Postal code: _____

Submitted by: _____ Date: _____

Send by email or internal mail to Kildonan East Collegiate attention

Naomi Fuller nfuller@retsd.mb.ca or Kathleen Webb kwebb@retsd.mb.ca