

CUPE 4156

Donations for Bereavement and Long-term Illness Form

fill out and send to the **CUPE OFFICE**

*For a member who is ill or hospitalized for more than 10 days
Please fill in the following:*

Members Name: _____

Members Work Location: _____

Members Home Mailing Address

Phone _____

For Bereavement please fill in the following:

Members Name: _____

Members Work Location: _____

Members Home Mailing Address

Phone _____

Death of Member ___ Death in a Member's Family ___ **Please check one**

Name of Deceased _____

Relationship to Member _____

As to by-law 14©)(1) donations of \$25.00 will be sent to the charity of choice in their memory in the event of a death of an immediate family member. (Spouse, parent, child, brother, sister, mother in law, father in law, grandparent, grandchild, brother in law, sister in law .stepchild)

Funeral Home _____

Donation to Charity or Cause _____

This form is available on our website www.4156.cupe.ca