

Cornwall Central Teachers' Association
P.O. Box 719
Cornwall, New York 12518

TO: CCTA Social/Welfare Committee

From: _____ (person submitting form)

Regarding: _____ (name of staff person)

Event: _____ (birth, death, wedding, illness, etc.)

Is above a CCTA member? Yes No

Is the event an ILLNESS? Yes No

Is the member hospitalized? Yes No

Will the member be in the hospital long
enough for flowers to reach there? Yes No

If yes, name and address of hospital:

In the event of DEATH in the family:

Full name of deceased _____

Relation to staff person _____

Memorial donations are to be sent to:

Name of organization _____

Full mailing address of organization:

Please submit this form to the appropriate person in your building.