**855 West 12th Avenue Vancouver, BC V5Z 1M9**

**MEMORIAL BOOK**

**Name of Deceased:**

**Name at Graduation:**

**Class:** (Month & Year)

**Date of Death** (Month & Year)**:**

**Most recent address of deceased:**

**Name of Donor(s):**

**Relationship to Deceased:**

**Contact Person:** (S/A or Other)

**If you are a Graduate of VGH SON, what year?**:

**Address:**

**Phone:**

**Amount of Donation:**

**Cheque Payable to: VGH SON Alumnae Association *OR* e-transfer to: vghson99@gmail.com**

**How do you wish the Memorial Book entry to be written? “Remembered by . . ."**

**Donor Name *only***

**or**

**Classmates**

**OFFICE USE**

|  |  |
| --- | --- |
| **Date Received:** | **Ddb:** |
| **To JK entry:** | **Odb:** |
| **Page Number:** | **F/M:** |
| **MBdb:** | **Receipt:** |