**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:** |