

1899-1998



VGH SCHOOL OF NURSING ALUMNAE ASSOCIATION



855 West 12th Avenue Vancouver, BC V5Z 1M9

MEMORIAL BOOK

Name of Deceased:

Name at Graduation:

Class: (Month & Year)

Year of Death:

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 Education Fund

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

___ Name only

or

___ Classmates

USE OFFICE

Date Received:

Date Name Entered in Book:

Page Number: