



100 Women Who Care Englehart & District

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Voting by Proxy

Designee *

Name of Designee (please print)

Absentee Voter *

Name of Absentee Voter (please print)

Meeting Date *

Meeting date this proxy applies to

Checkboxes *

I confirm that I am authorizing the above-named designee to vote on my behalf at the meeting indicated.

Signature *

Typed Name (acts as your signature)