



Proxy Ballot – 100 Women Who Care Haliburton County

I, the undersigned, hereby acknowledge that I am a member in good standing and that the person designated below has the authority to vote for me at the 100 Women Who Care Haliburton County meeting, being held _____.

This ballot must be presented at the registration table with a payment of a \$100 prior to the start of the meeting.

Date: _____

Name of Designated Voter (please print):

Name of Absentee Voter (please print):

Signature of Absentee Voter:
