



PROXY FORM

MEETING: _____

LOCATION: _____

DATE: _____

I, _____, do hereby give my PROXY to _____ who is a Democrat, registered within the _____ County and the _____ District/Precinct, with authority to vote in my place on any and all matters that may come before said meeting unless otherwise instructed below.

Signature: _____

Print Name: _____

Office: _____

Address: _____

Instructions for use of Proxy (if none, write "None")

Name _____ Signature _____

Name _____ Signature _____

