



Wayshowers® Community Fellowship

PROXY FORM 2015

I DESIGNATE _____ TO ACT ON MY BEHALF IN ALL MATTERS RELATED TO Wayshowers Community Fellowship.

This proxy is in effect until it is revoked in writing by me or until it expires eleven months from the date of signature below:

Signed: _____ Date: _____

Member's Printed Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Proxy's Printed Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Note: An original proxy form may be carried or mailed to arrive BEFORE July 3, 2015 to:

*WCF /ALC
PO Box 428
Osceola, IA 50213*

Form may also be faxed to: 866-591-5163

Office Note: Proxy received on _____ by _____

It's The Spirit That Unites Us!

**Wayshowers Community Fellowship Corporation
PO Box 428, Osceola IA 50213**