



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