

WACDTF Annual Meeting Proxy

I authorize (check one)

Olivia Harrison / _____ (name) to
vote my proxy at the 2010 annual meeting as follows (check one):

Slate of nominees / _____ (name) for the position of

(You may list your votes for additional individuals and positions below.)

Signature: _____

Date: _____

Mail to WACDTF, P.O. Box 21796, Washington, DC 20009