

WACDTF Annual Meeting Proxy

I authorize (check one) Olivia Harrison / _____ (name) to vote my proxy at the 2011 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 by Monday, February 28, to WACDTF, P.O. Box 21796, Washington, DC 20009
