



PROXY FORM

Board of Director Name: _____

Position: _____

I give _____ (*name of proxy*) authorization to vote on my Behalf at the Children's Advocacy Center of Parker County Board of Directors Meeting on _____ (*MM/DD/YYYY*) as indicated below:

General Powers (You may choose to grant general powers, limited powers or both)

_____ I authorize and instruct my proxy to use her best judgment on all other matters which properly come before the meeting and for which a general power may be used.

-or-

Limited Powers

_____ I specifically authorize and instruct my proxy holder to cast my vote in reference to the following matters as follows:

Date: _____ (*mm/dd/yyyy*)

Signature: _____

This form is valid only for the meeting for which it is given. In no event is the proxy valid for more than 30 days from the date of the original meeting for which it was given.