Oakbridge Community Services Association

Assignment of Proxy for 2021 Annual Meeting

Print Your Name:	
Street Address:	Madison WI 53717
Phone #: ()	_ E-Mail:
I hereby designate [print names]	
	(1st choice) or
	(2nd choice) mbership meeting of the Oakbridge Community Services ither person is able to serve as proxy, I wish to [choose one] or
	lid only for the meeting specified and (b) it may not lawfully any given issue. I hereby ratify and confirm all actions that
Sign Your Name:	Date



Return this completed form to OCSA Secy. Richard S. Russell 7846 W. Oakbrook Cir. Madison, WI, 53717-1609