PROXY

**SEWICKLEY HEIGHTS MANOR HOMES ASSOCIATION**

**BOARD OF DIRECTORS**

**December 3, 2019, 6:30 P.M.**

**Meeting for Movement of Reserve Funds**

**Aleppo Township Building, 100 North Drive**

INSTRUCTIONS

1. Complete the authorization by executing this form in the space provided below. Forms must designate by name, the individual to whom voting rights are being transferred.
2. **Return this proxy form, to the Association Office not later than 24 hours prior to the December 3 meeting**. It will be given to your designated proxy at the meeting upon registration.
3. An owner may revoke his/her Proxy if he/she attends the meeting.

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**PROXY AUTHORIZATION**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the owner(s) of a unit located at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in Sewickley Heights Manor hereby authorize

and appoint:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resident(s) of

 (name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be my/our proxy, to represent me/us on

 (address)

the issue(s) submitted to vote at this meeting. This proxy shall remain in full force and effect until such time as it shall be revoked by me/us in writing.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of Owner) (Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature of Owner) (Address)