



WOLPER
JEWISH HOSPITAL

PROXY FORM

I, _____, of _____
(Address)

being a financial Member of Wolper Jewish Hospital hereby appoint :

The Chair

OR,

to cast a proxy vote on my behalf at the Wolper Jewish Hospital Annual General Meeting being held on 30 November 2020 and at any adjournment thereof.

Signed this _____ day of _____, 2020.

Member's Signature _____

Lodge your form by Monday 23rd November:

By mail:
Wolper Jewish Hospital
8 Trelawney Street
Woollahra NSW 2025

By Email
ceo@wolper.com.au

By fax:
02 9327 5973

For all enquiries call:
02 9328 6077

If an additional proxy form is required, further copies are available from the Hospital or this form may be photocopied.