

SVDP – PROXY AUTHORIZATION FORM

I, THE UNDERSIGNED, HEREBY STATE AND AFFIRM THAT I AM THE CURRENT President of a St. Vincent de Paul District in good standing with the Phoenix Diocesan Council. The person designated below is a Full and Enhanced Member of a Conference within my District and shall be designated as my official proxy for the _____, **Board Meeting**.

Name of District: _____

President's Name (Printed) _____

President's Signature: _____

Proxy's Conference: _____

Name of Proxy (Printed): _____

Proxy's Signature: _____

Date: _____