PROXY

Hydrocephalus Canada 16 Four Seasons Place, Suite 111, Toronto, Ontario M9B 6E5 tel: 416-214-1056 1-800-387-1575 fax: 416-214-1446 email: info@hydrocephalus.ca

Please return Proxy Form no later than THURSDAY, September 19, 2024

I/we,	member(s)
in good standing of Hydrocephalus Canada, do hereby appoint:	
to vote in my stead and to serve as my representative at the following meeting of the Organization:	
Meeting title: Annual General Meeting	
Meeting dea:t Saturday, September 21, 2024	
Meeting location: Virtual Zoom Meeting at 9:30 am EDT	
I authorize my proxy to vote on my behalf on all questions which legitimately come before the above-mentioned meeting except for the following:	
This proxy right expires upon the adjournment of the above meeting.	
Witness	Member Granting Proxy
Date:	Date:
Witness	Member Granting Proxy
Date:	Date:
Witness	Member Granting Proxy
Date	Date