

ANNUAL MEETING OF SHAREHOLDERS OF
WEST PHARMACEUTICAL SERVICES, INC.

May 1, 2007

PROXY VOTING INSTRUCTIONS

MAIL - Date, sign and mail your proxy card in the envelope provided as soon as possible.

INTERNET - Access "www.voteproxy.com" and follow the on-screen instructions. Have your proxy card available when you access the web page.

COMPANY NUMBER	
ACCOUNT NUMBER	

You may enter your voting instructions at www.voteproxy.com up until 11:59 PM Eastern Time the day before the cut-off or meeting date.



Please detach along perforated line and mail in the envelope provided IF you are not voting via the Internet.



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**THE BOARD OF DIRECTORS RECOMMENDS A VOTE "FOR" THE ELECTION OF DIRECTORS AND "FOR" PROPOSAL 2.
PLEASE SIGN, DATE AND RETURN PROMPTLY IN THE ENCLOSED ENVELOPE. PLEASE MARK YOUR VOTE IN BLUE OR BLACK INK AS SHOWN HERE**

1. Election of 3 Class II Directors:

- | | | |
|--|------------------|--|
| <input type="checkbox"/> FOR ALL NOMINEES | NOMINEES: | <input type="checkbox"/> L. Robert Johnson Class II |
| <input type="checkbox"/> WITHHOLD AUTHORITY FOR ALL NOMINEES | | <input type="checkbox"/> John P. Neafsey Class II |
| <input type="checkbox"/> FOR ALL EXCEPT (See instructions below) | | <input type="checkbox"/> Geoffrey F. Worden Class II |

INSTRUCTION: To withhold authority to vote for any individual nominee(s), mark "**FOR ALL EXCEPT**" and fill in the circle next to each nominee you wish to withhold, as shown here:

To change the address on your account, please check the box at right and indicate your new address in the address space above. Please note that changes to the registered name(s) on the account may not be submitted via this method.

	FOR	AGAINST	ABSTAIN
2. Approval of adoption of the West Pharmaceuticals Services 2007 Omnibus Incentive Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In their discretion, the Proxies are authorized to vote upon such other matters as may properly come before the meeting.

This Proxy when properly executed will be voted in the manner directed herein by the undersigned shareholder. If no direction is made, this Proxy will be voted FOR Proposals 1 and 2.

Signature of Shareholder _____ Date: _____ Signature of Shareholder _____ Date: _____

Note: Please sign exactly as your name or names appear on this Proxy. When shares are held jointly, each holder should sign. When signing as executor, administrator, attorney, trustee or guardian, please give full title as such. If the signer is a corporation, please sign full corporate name by duly authorized officer, giving full title as such. If signer is a partnership, please sign in partnership name by authorized person.

Created by 10KWizard www.10KWizard.comSource: WEST PHARMACEUTICAL , DEF 14A, March 30, 2007