

UPDATE YOUR AGENCY FUND

Please complete the applicable sections of this form and return to service@growyourgiving.org.
Once approved by the Community Foundation, we will return a fully signed copy to you.

1 Agency Fund Information

Current Name of Fund	Fund ID
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2 Changing Agency Information Provide any updated agency information.

Agency Name	Doing Business As (If Applicable)		
Address	City	State	Zip Code
Phone Number	Website		
Primary Contact Name & Title	Primary Contact Email		

3 Changing Fund Name Rename the Fund as you like. Examples: XYZ Charity Foundation, XYZ Charity Fund, XYZ Charity Legacy Fund To change the Fund name, Board meeting minutes may be required.

New Name of Fund



1055 Broadway Blvd., Suite 130 | Kansas City, MO 64105
866.719.7886 | www.growyourgiving.org

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Changing Agency Representatives

Please provide any changes to the list of individuals associated with the Fund. You may add or remove agency representatives, or update contact information for existing agency representatives.

Individuals associated with the Fund will have online access to view Fund information, including balance, contribution and grant history. Indicate in Section 5 if you do not want any individual(s) listed to have online access to view the Fund.

Update Add Remove (Terminate access to the Fund.)

_____ Mr. Mrs. Ms. Dr. _____
Agency Position or Title

_____ **First Name** _____ **Middle Initial** _____ **Last Name** _____ **Suffix**

_____ **Phone** Work Cell _____ **Email Address**

_____ **Address** Work Home _____ **City** _____ **State** _____ **Zip Code**

Update Add Remove (Terminate access to the Fund.)

_____ Mr. Mrs. Ms. Dr. _____
Agency Position or Title

_____ **First Name** _____ **Middle Initial** _____ **Last Name** _____ **Suffix**

_____ **Phone** Work Cell _____ **Email Address**

_____ **Address** Work Home _____ **City** _____ **State** _____ **Zip Code**

Update Add Remove (Terminate access to the Fund.)

_____ Mr. Mrs. Ms. Dr. _____
Agency Position or Title

_____ **First Name** _____ **Middle Initial** _____ **Last Name** _____ **Suffix**

_____ **Phone** Work Cell _____ **Email Address**

_____ **Address** Work Home _____ **City** _____ **State** _____ **Zip Code**

5

Additional Changes

Use the space below to provide any additional changes to the Fund.

[Empty box for additional changes]

6

Date and Signature(s)

Agency Board Chair

Date

Printed Name

Agency CEO or Executive Director

Date

Printed Name

Accepted by: _____ Date _____
Greater Kansas City Community Foundation