

Agency Name: _____ **Date:** _____

Reason for Change:

☐ **Moved:** Please update information below:

Previous Address: _____

New Address: _____

☐ **Name Change:** Please write the Agency/Agency Affiliate name below:

Former Agency Name/Parent Company: _____

New Agency/Affiliate Name: _____

501(c)3 Number (Please include a copy for our records): _____

☐ **Update Authorized Shoppers:** Limit 6

Add	Remove	Name	Phone #	Email Address	Food Safety Confirmed

Changes Approved by:

CEO/Pastor: _____ Phone: _____ Email: _____

Main Contact: _____ Phone: _____ Email: _____

Signature: _____

Mail or Email to:

Judy Chacon, Agency Relations/Volunteer Manager | jchacon@capoc.org
(o) 714-897-6670 x3628 (c) 562-400-3548

Attn: Judy Chacon
CAP OC Food Bank
11870 Monarch Street
Garden Grove, CA 92841