

Agency Name: _____ Date: _____

Reason for Change: (Please mark the one that is applicable to you)

Moved: Please update the information below:

Previous Address: _____

New Address: _____

Name Change: Please update the information below:

Former Agency Name: _____

New Agency Name: _____

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

Main Contact Change:

Previous Main Contact Name: _____

Previous Contact Email Address and Phone Number: _____

New Main Contact Name: _____

New Contact Email Address and Phone Number: _____

Update Authorized Shoppers: Limit 6 (Please mark with an "X", If you are adding or removing any shopper)

Add	Remove	Name	Phone #	Email Address

Changes Approved by (Please make sure to sign):

Administrator: _____ Phone: _____ Email: _____

Signature: _____

Email Completed Form to: Maria Correa /Agency Relations Manager/ E: mcorrea@capoc.org