



## PERSONAL GIVING ACCOUNT CHANGE FORM

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Please fill out the following donor information for the account you want to make changes to. After filling out what information you want changed, please provide your signature and date to make the changes effective. Contact the Bradley Impact Fund if you have any questions.

### ACCOUNT INFORMATION

Name of Individual or Organization: \_\_\_\_\_

Account Name: \_\_\_\_\_

### Changes to CONTACT INFORMATION

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use this primary mailing address for all mailed correspondence.

Seasonal Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When to use this address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Changes to SUCCESSOR GRANT ADVISOR

Is this person:  New Successor Advisor  Additional Successor Advisor

or  Replacement Successor Advisor Who to replace: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address (required for online access): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Provide online access

Maximum Annual Grant Amount Allowed (Minimum of \$50.00 if provided.): \_\_\_\_\_

Maximum Percentage of Value Allowed per Grant: \_\_\_\_\_

Limits the percentage of the fund value that can be granted based on the grant advisor's recommendation.

Maximum Dollar Amount Allowed per Grant: \_\_\_\_\_

Primary  Contingent  Equal  Committee Spokesperson  Committee Member

## Changes to INTERESTED PARTY

Is this:  New party  Additional party  Replacement Who to replace: \_\_\_\_\_

Is organization  Financial Advisor  Assistant  Other \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address (required for online access): \_\_\_\_\_

Birth Date (Format: mmddyyyy): \_\_\_\_\_

Please send this person statements.

**SIGNATURE: Must be signed to make changes effective.**

Donor/Advisor \_\_\_\_\_ Date \_\_\_\_\_