



## Change of Information Form

Please complete this form to notify Feeding San Diego (Feeding San Diego) of any internal changes within your agency. Making official changes with Feeding San Diego ensures your agency profile is maintained and up-to-date. Please complete this form, ensure it is signed by your agency's ED/CEO/President/Pastor, and submit to the Feeding San Diego Programs Department by mail to **9477 Waples St. Suite 100 San Diego, CA 92121** OR email to your Partnerships Coordinator. Thank you.

**Today's Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Agency #:** \_\_\_\_\_

**I would like to (check all that apply):**

- |   |                                 |
|---|---------------------------------|
| Change Mailing Address                        | Change Days of Operation        |
| Change Program Location/Address               | Change Hours of Operation       |
| Change Contact/Phone Number                   | Change Operation Type           |
| Change Fax Number                             |                                 |
| Change Primary Contact Person                 | Change Secondary Contact Person |
| Change Contact Email Address                  | Change ED/CEO/President/Pastor  |
| Change Accounting/Billing Contact Information |                                 |
| Other:  |                                 |

**Below, please specify/elaborate on the changes indicated above:**

As the Point of Contact/ED/CEO/President/Pastor of the said agency above, I certify the agency changes indicated on this form to be effective immediately, accurate and correct.

\_\_\_\_\_  
Point of Contact/CEO/President/Pastor Signature      Print Name      Date