



METHODIST FOUNDATION
OF MISSISSIPPI

Contact Change Form

(Please, Type or Print)

Date: _____

Foundation Account Name(s): _____

Foundation Account #(s): _____

Primary Contact Name: _____

Phone #: _____ **Email:** _____

Secondary Contact Name: _____

Phone #: _____ **Email:** _____

Statements should be emailed to: _____

Mailing Address: _____

Comments: _____

For Office Use Only

Date Received		Date Updated		Updated By	
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