



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: _____

Certification: *(The certifiers signing below must be authorized signers on the listed account.)*

I hereby certify that the provided contact change has been authorized by the Administrative Council/
Board, Trustees or Board of Directors for the account listed above.

Signature Type or Print Name Type or Print Position

Signature Type or Print Name Type or Print Position

For Office Use Only

Date Received		Date Updated		Updated By	
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