



METHODIST FOUNDATION
OF MISSISSIPPI

Account Name Change Form

(Please, Type or Print)

Date: _____

Current Foundation Account Name: _____

Current Foundation Account #: _____

Primary Contact Name: _____

Phone #: _____ **Email:** _____

Secondary Contact Name: _____

Phone #: _____ **Email:** _____

Statements should be emailed to: _____

Mailing Address: _____

Comments: _____

New Account Name: _____

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

I hereby certify that the provided name 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 _____

Please include:

- A copy of your new bylaws indicating the new church name and your Methodist or Wesleyan Heritage.
- Updated contact and signature change form if changes are needed.

For Office Use Only

Date Received		Date Updated		Updated By	
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