

UPDATE YOUR AGENCY FUND

Please complete the applicable sections of this form and return to agencyfunds@greaterhorizons.org.
Changes are subject to review and approval by Greater Horizons.

1 Agency Fund Information

Current Name of Fund	Fund ID
----------------------	---------

2 Changing Agency Information Provide any updated agency information.

Agency Name	Doing Business As <i>(If Applicable)</i>		
Address	City	State	Zip Code
Phone Number	Website		

3 Changing Fund Name Provide a new name for the Fund. Examples: XYZ Charity Foundation, XYZ Charity Fund, XYZ Charity Legacy Fund

New Fund Name

6

Additional Changes

Use the space below to provide any additional changes to the Fund.

[Empty rectangular box for additional changes]

7

Date and Signature(s)

Additional approval may be required from the Fund Advisors or the Agency based on the Fund's approval requirements.

Agency Fund Advisor _____ Date _____

Printed Name and Agency Position _____

Agency Fund Advisor _____ Date _____

Printed Name and Agency Position _____