

# UPDATE YOUR AGENCY FUND

Please complete the applicable sections of this form and return to [info@myhcf.org](mailto:info@myhcf.org).  
Once approved by the Hudson Community Foundation, we will return a fully signed copy to you.

## 1 Agency Fund Information

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Current Name of Fund	Fund ID
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## 2 Changing Agency Information Provide any updated agency information.

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Agency Name	Doing Business As (If Applicable)		
Address	City	State	Zip Code
Phone Number	Website		
Primary Contact Name & Title	Primary Contact Email		

## 3 Changing Fund Name Rename the Fund To change the Fund name, Board meeting minutes may be required.

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New Name of Fund
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**4** **Changing Agency Representatives** Please provide any changes to the list of individuals associated with the Fund. You may add or remove agency representatives, or update contact information for existing agency representatives.

Individuals associated with the Fund will have online access to view Fund information, including balance, contributions and grant history. Indicate in Section 5 if you do not want any individual(s) listed to have online access to view the Fund.

Update  Add  Remove (Terminate access to the Fund.)

\_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_  
**Agency Position or Title**

\_\_\_\_\_  
First Name Middle Initial Last Name Suffix

\_\_\_\_\_  
Phone  Work  Cell Email Address

\_\_\_\_\_  
Address  Work  Home City State Zip Code

Update  Add  Remove (Terminate access to the Fund.)

\_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_  
**Agency Position or Title**

\_\_\_\_\_  
First Name Middle Initial Last Name Suffix

\_\_\_\_\_  
Phone  Work  Cell Email Address

\_\_\_\_\_  
Address  Work  Home City State Zip Code

Update  Add  Remove (Terminate access to the Fund.)

\_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_  
**Agency Position or Title**

\_\_\_\_\_  
First Name Middle Initial Last Name Suffix

\_\_\_\_\_  
Phone  Work  Cell Email Address

\_\_\_\_\_  
Address  Work  Home City State Zip Code

5

Additional Changes

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

Large empty rectangular box for providing additional changes to the Fund.

6

Date and Signature(s)

Agency Board Chair

Date

Printed Name

Agency CEO or Executive Director

Date

Printed Name

Accepted by: \_\_\_\_\_ Date \_\_\_\_\_  
Hudson Community Foundation