



Amendments to Program Form

Program Name: _____ Account #: _____

This form should be used to notify of and seek approval for any changes in your program's management or mission statement. Please make sure to type or print clearly.

I. Change in or Addition to Program Management:

I would like to remove an individual from the above program account

Name: _____ Reason for Removal: _____

I would like to add an individual to the above program account with complete access as an Advisor

Name: _____ Email: _____

Address: _____ Contact Number: _____

City: _____ State: _____ Zip: _____

I would like to remove myself as Program Manager, and propose a replacement below:

New Program Manager Information:

Name: _____ Email: _____

Address: _____ Contact Number: _____

City: _____ State: _____ Zip: _____ SSN: _____

Reason for Removal: _____

Signature of new Program Manager: _____

**** Please attach a copy of the United Charitable Legal Agreement signed by the new Program Manager****

II. Revision or Change in Mission Statement:

I would like to change the program mission statement to (please attach separate sheet if necessary):

Reason for Changes: _____

III. Revision or Change in Program Name:

I would like to change the program name to: _____

Reason for change: _____

IV. Dissolution of Program

Reason for closure: _____

* If applicable, please also attach a completed disbursement request form directing the remainder of program account balance to a charity.

Program Manager Signature: _____ Date: _____ OFFICE USE ONLY - Approved: _____ Entry Date: _____
