



**ACCOUNT CHANGE FORM**

**Section 1: Donor Information.**

_____ <i>Name</i>	_____ <i>Gift Fund Account Name</i>
_____ - _____ <i>Social Security # (required)</i>	_____ <i>Gift Fund Account Number</i>
(____) _____ <i>Day Phone</i>	(____) _____ <i>Evening Phone</i>
_____ <i>email address</i>	

**Section 2: Name and Address.** Complete this section to change current **Account Name**, or **Account Address**:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 3: New Donor Information.** Complete the following to name a donor with full and equal rights to recommend grants and to elect successors of the account.

_____ <i>Name</i>	_____ - _____ <i>Social Security #</i>	
_____ <i>Mailing Address</i>		
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
(____) _____ <i>Day Phone</i>	(____) _____ <i>Evening Phone</i>	

**Section 4: Successor Donor Election.** Complete the following to elect individuals to succeed you on recommending grants and charity(s) to receive remainder assets.

_____ <i>Name</i>	_____ - _____ <i>Social Security #</i>	
_____ <i>Mailing Address</i>		
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
(____) _____ <i>Day Phone</i>	(____) _____ <i>Evening Phone</i>	

**Section 5: Successor Charity Information. Organization Information.**

_____ <i>Organization #1</i>			_____ <i>Organization #2</i>		
_____ <i>Federal Tax ID Number (if available)</i>			_____ <i>Federal Tax ID Number (if available)</i>		
_____ <i>Mailing Address</i>			_____ <i>Mailing Address</i>		
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
_____ <i>Phone</i>			_____ <i>Phone</i>		
_____ <i>% of Gift Fund Acct. or Dollar Amount</i>			_____ <i>% of Gift Fund Acct. or Dollar Amount</i>		

**Section 6: Signature.** By signing this form, I/we request that TCGF make the changes herein and I/we acknowledge that I/we have read the Charitable Gift Fund Agreement and agree to its terms.

_____ <i>Donor 1 Signature</i>	_____ <i>Date</i>
_____ <i>Donor 2 Signature</i>	_____ <i>Date</i>

Mail or fax this completed form to: Tompkins Charitable Gift Fund  
 PO Box 6639  
 Ithaca, NY 14851-6639  
 Fax (607) 273-0024

**888-828-0099**  
**www.tompkinscharitablegift.org**