

Agency Change of Information Form

Please complete this form to notify FeedMore WNY of any internal changes within your agency. Complete this form **in its entirety** and submit to FeedMore WNY – Agency Services Department by mail to **91 Holt Street, Buffalo, NY 14206** or by email to imeegan@feedmorewny.org.

Physical Agency Site (NOT main office, P.O. Box, etc.)

Agency Number:	Date:
Agency Name:	
Agency Site Address:	
Agency Telephone Number:	Fax Number:
Executive Director:	
Agency Coordinator:	
Primary E-Mail:	

Days & Hours Open to Clients: (food pantries must be open at least 4 hours per week)

Sun.:	Mon.:	Tues.:	Weds:	Thurs.:	Fri.:	Sat.:
-------	-------	--------	-------	---------	-------	-------

Authorized to Order and/or Receive Information on Account:

Name	Phone	E-mail for online ordering (1 only)

Billing Person (Please identify specific individual):

Name:		
Title:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

Agency Coordinator/Primary Contact at Program:

Name:		
Title:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

Administrative Person (e.g. Executive Director, Director, CEO):

Name:		
Title:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

By filling out the above information, you give permission to FeedMore WNY to send notices via Constant Contact - our e-mail management system. *Your e-mail will not be sold or given out for solicitation purposes. You can opt out at any time.*