



ACCOUNT CHANGE FORM

Please fill out the following information for the account you want to modify. Sign and date the completed form to make the changes effective. Contact the Bradley Impact Fund at **(414) 291-2500** or **donorservices@bradleyimpactfund.org** if you have any questions.

ACCOUNT INFORMATION

Name of Individual or Organization: _____

Account Name: _____

Changes to CONTACT INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip: _____

Use this primary mailing address for all mailed correspondence.

Seasonal Mailing Address: _____

City: _____ State: _____ Zip: _____

When to use this address: _____

Cell Phone: _____

Business Phone: _____

Home Phone: _____

Email: _____

Changes to SUCCESSOR GRANT ADVISOR (If more than one, add additional sheets.)

Is this person: New Successor Advisor Additional Successor Advisor
or Replacement Successor Advisor Who to replace: _____
 Mr. Mrs. Ms. Dr. Other _____
Full Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____
Business Phone: _____
Home Phone: _____
Email Address (required for online access): _____
Date of Birth: _____
 Provide online access Please send this person statements.
Maximum Annual Grant Amount Allowed (Minimum of \$50.00 if provided.): _____
Maximum Percentage of Value Allowed per Grant: _____
Limits the percentage of the fund value that can be granted based on the grant advisor's recommendation.
Maximum Dollar Amount Allowed per Grant: _____
 Primary Contingent Equal Committee Spokesperson Committee Member

Changes to INTERESTED PARTY (If more than one, add additional sheets.)

Is this: New party Additional party Replacement Who to replace: _____
 Is organization Financial Advisor Assistant Other _____
 Mr. Mrs. Ms. Dr. Other _____
Full Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____
Business Phone: _____
Home Phone: _____
Email Address (required for online access): _____
Date of Birth: _____
 Please send this person statements.

SIGNATURE: Must be signed to make changes effective.

Donor/Advisor _____ Date _____