



GUIDESTREAM
CHARITABLE
GIFT FUND

CHANGE FORM
NAME OF ACCOUNT

Current Name of Account _____

New Name Requested _____

I/We request that the name of my/our GuideStream Charitable Gift Fund account be changed as specified above. I/We understand the new name will be used on all documentation (account statements, letters accompanying gifts, etc.) as of the date it is approved by GuideStream Charitable Gift Fund below. I/We understand that the account number will continue to be the same to preserve the history of the account.

All original donors on the account must sign this form.

Date

Date

Signature – Original Donor 1

Signature – Original Donor 2

Print Name – Original Donor 1

Print Name – Original Donor 2

Internal Use Only:

Account Number: _____

Accepted by: _____ **Date** _____
President/CEO or Chairman, GuideStream Charitable Gift Fund

8050 Spring Arbor Road ♦ PO Box 580 ♦ Spring Arbor, Michigan 49283
(800) 325-8975 ♦ (517) 750-2727 ♦ fax: (517) 750-2752