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ORGANIZATION ADDRESS/NAME CHANGE FORM

SECTION A – CHANGE OF NAME OR ADDRESS

Type of Change: Address Change Name Change

Current Name _____ New Name _____

New Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email _____

If requesting a name change, please provide updates Articles of Amendment and/or name change registration.

SECTION B – SIGNATURES

The undersigned hereby certifies that they have been duly authorized to execute this change on behalf of the organization. Said organization is the Conference, a United Methodist Church within the Conference in Pennsylvania, or an organization, program or other entity that is within the United Methodist Church connectional system and/or has a programmatic or historical relationship with the United Methodist Church or the Conference.

1. _____	_____	_____
Print Name	Signature	Date
2. _____	_____	_____
Print Name	Signature	Date

Organizations are required to provide TWO Authorized Signatures.