



# **The Florida United Methodist Foundation, Inc.**

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## Address Change Form

**Name:** \_\_\_\_\_

**Account Number(s):** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
\_\_\_\_\_

**New Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

**Date Address becomes effective:** \_\_\_\_\_

**Sign below to authorize this change:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**For Office Use Only:**

**AT:**

**RE:**

**FE:**

**FICS:**

**PaperSave:**

**GiftWrap:**