

Member Agency Change of Information

Please inform the Food Bank of all significant changes to your program so that our records accurately represent your program. It is imperative the Food Bank stay abreast of all major changes. Facility remodeling or a new location require a monitor visit of your site to maintain your program's certification as a member agency.

Agency Name _____ Agency # _____

Please **PRINT**, filling in changes only:

Physical Address _____

Mailing Address _____

E-mail address _____

Web address _____

Hours of Operation _____

Telephone _____ Facsimile _____

Personnel _____ Position _____

Personnel _____ Position _____

Authorized Shopper Additions _____

Authorized Shopper Deletions _____

Facility _____

Program Description _____

Additional Information _____

Person Authorizing Change _____

Position _____ Date _____

Return to:

Agency Relations Department
Food Bank of West Central Texas
5505 N. 1st St, Abilene, TX 79603

Office Facsimile: 325.695.6827