



Date \_\_\_\_\_

## AGENCY STAFF CONTACT FORM

Organization Name: \_\_\_\_\_

### Change of Mailing Address

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

Street

City

State

Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### Change of Agency Staff

New Staff Member: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Staff Member: \_\_\_\_\_

New Staff Member: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Staff Member: \_\_\_\_\_

New Staff Member: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Staff Member: \_\_\_\_\_

Mail to:

**Community Foundation of North Florida**

3600 Maclay Boulevard, Suite 200

Tallahassee, FL 32312

or

Email:

[sstout@cfnf.org](mailto:sstout@cfnf.org)