

# ESA FOUNDATION ENDOWMENT AUTHORIZED CONTACT CHANGE FORM

\_\_\_\_\_ wishes to make the  
(Individual/Chapter/Council or other Organization Establishing the Endowment)

following change(s) for the \_\_\_\_\_  
(Current name of the Endowment)

We (I) wish to change the authorized person(s) for this endowment to the following:

\_\_\_\_\_ ESA Foundation Board of Directors; **OR**

1<sup>st</sup> Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Current authorized person for this endowment must sign)

***Please complete and send to the current ESA Foundation Endowment Chairman at:***

**Judi King  
5652 Safari Drive  
Liberty Township, OH 45044  
513-646-0980  
judik90605@aol.com**

Signature of ESA Endowment Chairman: \_\_\_\_\_

Authorized Change accepted by the Endowment Chairman: (Date) \_\_\_\_\_