

Change of Contact Information Form

Use this form to update your phone number and address information

Family Information

Check all that apply: New Phone Number New Address Change NPO

Family ID# _____ Date _____

First Name _____ Last Name _____

Please print all information clearly!

New Phone Number

Home Phone _____ Work Phone _____

Cell Phone _____

New Address

Street _____ Apt# _____

City _____ State _____ Zip Code _____

Change NPO To: (only use this if you have moved addresses and live now in different community district)

- Citizens Advice Bureau Catholic Charities Groundwork, Inc.
 Urban Health Plan Union Settlement Brownsville Multi-Service

I certify that the information above is correct and accurate.

Signature _____ Date _____

City _____ State _____ Zip Code _____

It is important for you to keep you information up-to-date so we can make sure the rewards that your family has earned get to you!

It takes 1-2 weeks for these changes to take effect once we have received this form.

Please mail this completed form to the address below:

***Opportunity NYC
P.O. Box 757
New York, NY 10159***