

## Change for Change Participant Agreement

**Individual Name or Business Name** \_\_\_\_\_ agrees to place a TWP Change for Change Piggy Bank in their establishment/home/office.

Date of Placement: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone#: \_\_\_\_\_

### The Whole Person Volunteer/Contact

*(please fill out this part only if you are keeping the Piggy Bank to individually fund raise)*

**Contact Address:** \_\_\_\_\_

**Contact Phone#:** \_\_\_\_\_

**I am a TWP:**  Employee  Volunteer  Board Member  Consumer  Friend

### Other Authorized Change Collector(s) are:

1. \_\_\_\_\_

2. \_\_\_\_\_

### Change will be picked up on a monthly basis.

Please contact the person named above if the piggy banks get too full. You may also contact The Whole Person at 816-214-9729 if no one has been back to collect your change or the bank is full.

*\*\*All Participants will be listed on The Whole Person's website Change for Change page and will be recognized at our volunteer appreciation event every year in the spring.*

**Submit piggy bank request and sign up form to Ashley Frerking, Resource Development Specialist.  
phone: 816-214-9729 | email: afrerking@thewholeperson.org**

### TWP INFORMATION ONLY: \_\_\_\_\_

Pick Up from Business Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Pick Up from Business Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Pick Up from Business Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Pick Up from Business Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

TWP Drop Off Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

TWP Drop Off Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

TWP Drop Off Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

TWP Drop Off Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

TWP Employee Initials: \_\_\_\_\_

TWP Employee Initials: \_\_\_\_\_

TWP Employee Initials: \_\_\_\_\_

TWP Employee Initials: \_\_\_\_\_