The Whole Person
People with Disabilities Leading Independent Lives

3710 Main Street, Kansas City, MO 64111
816-561-0304 | thewholeperson.org

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 816-595-3339 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 Barb King, Resource Development Database Specialist.
phone: 816-595-3339 | email: bking@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 Employee Initials: _____
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