

INKBANK ACCOUNT UPDATE FORM

Your Name: _____ Telephone Number: _____

Your Organization's Name: _____ InkBank Account #: _____

Shipping Address: _____

City: _____ State _____ Zip: _____ Email Address: _____

WHO ARE YOUR ORGANIZATIONS' KEY PEOPLE WHO SHOULD BE RECEIVING INKBANK INFORMATION?

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

WHO IN PARTICULAR IS IN CHARGE OF YOUR INKBANK FUNDRAISING CAMPAIGN?

NAME: _____ TITLE: _____ EMAIL: _____

TEL: _____ ADDRESS: _____

NAME: _____ TITLE: _____ EMAIL: _____

TEL: _____ ADDRESS: _____

WE ARE ACTIVELY FUNDRAISING WITH INKBANK

WE ARE NO LONGER RECYCLING WITH INKBANK

TOLL FREE FAX: 888-INKFAX4 (888-465-3294)

OR MAIL FORM TO: INKBANK, INC. 2095 Kristi Court, Fallbrook, CA 92028