



Office Use Only:
ID# _____
Staff _____
Date received _____

CDM+ Text Giving Cancellation Form

Organization Name _____

Address _____

Phone _____

Contact Person's Name _____

Email Address _____

Please, select one or both of the following:

Cancel our CDM+ Text Giving account effective

- Immediately On this date: _____ / _____ / _____

Reason for cancellation _____

I understand that by canceling our CDM+ Text Giving account, our selected phone number will be released and messages to that number will no longer interact with CDM+ Engage Giving. I also understand that upon re-enrollment, there is no guarantee or likelihood I will receive the same number, and I also understand I will be subject to applicable fees, including, but not limited to, campaign registration and vetting.

BY SIGNING BELOW I CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE NAMED ORGANIZATION AND HAVE THE AUTHORITY TO TERMINATE THE ABOVE SELECTED ACCOUNT(S).

AUTHORIZED SIGNATURE _____

PRINT NAME _____ **DATE** _____

Upload this form to our File Depot at the link below. Once upload is complete, please email customerservice@suran.com to notify us that the form has been uploaded.

<https://www.suran.com/file-depot/>