MISSISSIPPI	Endow Mississippi Program Application For 2022 Tax Credit					
AND PHILANTHROPY Applicant: Please fill out shaded sections				and forward to	your community foundation.	
Legal Name of Taxpayer			Federal El	N or SSN	Alliance File Number	
Street Address or Post Office Box Number		E-mail Address				
City County			Zip Code	Daytime Phone Fax Number (optional)		
Contact Person (if different from above) Title				E-mail Address		
Type of Taxpayer Individual Estate Trust			Corporation			
or Entity Limited Liability Partnership Other						
AM			\$ \$   Amount of Endowment Gift Amount of Tax Credit Requested			
Date Application Received Time Received Ar			Amount of En	dowment Gift	Amount of Tax Credit Requested	
Name of Community Foundation Receiving Endowment Gift			Federa	ral EIN Daytme Phone		
Street Address or Post Office Box Number				Contact Person		
City County		State	Zip Code E-mail Address			
Name of Fund Receiving Endowment Gift Purpo			e of Fund Receiving Endowment Gift			
Certification of Taxpayer: Under penalties of perjury, I certify that I have examined this application, including all accompanying documents and statements,						
and to the best of my knowledge and belief, the facts and figures presented in this application are true and correct, and that I intend to make an endowment gift as described in this application.						
By: Date: Printed Name Signature of Taxpayer or Authorized Representative						
Certification of Community Foundation: I hereby certify that our foundation is a qualified community foundation under the Endow Mississippi Program, that the donation listed above is being or will be made to a fund intended to exist in perpetuity that qualifies under the Program, that any funds generated from						
this endowment fund will be used for the benefit of a cause or causes within the state of Mississippi, and that the facts and figures presented in this applica- tion are true and correct. I agree that I will provide access to records relative to this application to the Alliance and MS Department of Revenue upon request.						
By: Date: Date: Printed Name						
Chief Executive Officer or Designee						
APPROVES DOES NOT APPROVE THIS APPLICATION FOR AN ENDOW MISSISSIPPI TAX CREDIT.						
By: Date: Sammy Moon, Executive Director			\$			
Sammy Moon, Executive Director Amount of Tax Credit Awarded						