MISSISSIPPI	Endow Mississippi Program Application For 2025 Tax Credit			
AND PHILANTHROPY	Applicant: Please fill o	ut shaded sections	s and forward to	your community foundation.
Legal Name of Taxpayer		Federal E	IN or SSN	Alliance File Number
Street Address or Post Office Box Number		E-mail Address		
City County	State	Zip Code	Daytime Phone	Fax Number (optional)
Contact Person (if different from above) Title			E-mail Address	
Type of Taxpayer 🔄 Individual 🔄 Estate 🔄 Trust 🔄 Corporation 🔄 Limited Liability Partnership				
or Entity 🗌 Limited Liability Part	nership 🗌 Other			
		ė		ė
Data Application Descined	AM PM	\$		\$
Date Application Received Time Received Amount of Endowment Gift Amount of Tax Credit Requester				
Name of Community Foundation Receiving Endowment Gift		Feder	ral EIN Daytme Phone	
Street Address or Post Office Box Number		Contact Person		
City County	State	Zip Code	E-mail Address	
city county				
Name of Fund Receiving Endowment Gift Purpose 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: Printed Name				
Chief Executive Officer or Designee				
THIS APPLICATION HAS BEEN REVIEWED BY THE MISSISSIPPI ALLIANCE OF NONPROFITS AND PHILANTHROPY, AND THE ALLIANCE HEREBY				
APPROVES DOES NOT APPROVE THIS APPLICATION FOR AN ENDOW MISSISSIPPI TAX CREDIT.				
y: Date:				
By: Ellen Collins, Executive Director	Date:		\$	