



Tax Credit Administrator Number: _____

Email to: MDA Marketing Office, 50
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MD 21401, 410-841-5770,
Karen.Kirksey1@maryland.gov,
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FOOD DONATION PILOT PROGRAM FORM

PRODUCER/FARM NAME: _____

CONTACT NAME: _____

ADDRESS: _____

COUNTY: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FEDERAL TAX ID/SOCIAL SECURITY: _____

COMMODITY/TYPE OF DONATION: _____

ORGANIC/CONVENTIONAL: _____

WEIGHT: _____

MEASUREMENT/UNIT/PACKAGE: _____

DONATION DATE: _____

_____ (FOR MDA USE):

DATE:

USDA WHOLESALE WEEKLY PRICE (Jessup/Philadelphia/other)

DONATION UNITS: _____

TOTAL DONATION VALUE: _____

CUMULATIVE VALUE (TO DATE): _____

