Tax Credit Certificate Administrator Number: _____

FOOD DONATION PILOT PROGRAM TAX CREDIT CERTIFICATE

DONATION DATE: _____

PRODUCER/FARM NAME: _____

CONTACT NAME: _____

ADDRESS: _____

_____

COUNTY: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FEDERAL TAX ID/SOCIAL SECURITY: _____

COMMODITY/TYPE OF DONATION: _____

CERTIFIED ORGANIC/CONVENTIONAL: _____

WEIGHT: _____

MEASUREMENT/UNIT/PACKAGE: _____

SIGNATURE: _____

Send forms to: MDA Marketing Office, ATTN: Food Donation Program, 50 Harry S Truman Parkway, Annapolis, MD 21401

marylands.best@maryland.gov