Community Care Network
Sue's Home

Appointment of Community Care Network as Representative and Grant of Permission to Community Care Network to File an Application for a Charitable Contributions Tax Credit with the Mississippi Department of Revenue

Individual Taxpayer or Business Name:	**SSN or FEIN:**	**Taxpayer Type:** ☐ **Individual** ☐ **Business**	
Spouse Name (If Applicable):	**Spouse SSN (If Applicable):**		
Name of DBA (If Applicable):	**Phone Number:**	**Email Address:**	
Mailing Address (Number and Street)	**City**	**State**	**Zip**
Name of Organization to Receive Contribution: Community Care Network	**Contribution Amount:**	**Contribution Date:**	

I hereby appoint Community Care Network as my representative and grant it all permissions necessary for the sole purpose of 1) completing an Application for a Charitable Contributions Tax Credit with the Mississippi Department of Revenue consistent with the information provided above; 2) executing (i.e. signing and dating) said application (if necessary); and 3) submitting the application as required by the Mississippi Department of Revenue.

Execution for Business

_____
(Name of Business)

By: _____
(Signature)

_____
(Printed Name of Signer)

Its: _____
(Title of Signer)

Execution for Individual(s)

_____
(Signature)

_____
(Printed Name of Signer)

_____
(Signature)

_____
(Printed Name of Signer)

Application must be returned before 12/28/2024 by mail or in person to:
Community Care Network
7400 Fountainbleau Road
Ocean Springs, MS 39564

Or via email to etho@ccnms.org