



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](mailto:marylands.best@maryland.gov)**