

Community Foundation of Greater Jackson
525 E. Capitol Street; Suite 5B
Jackson, MS 39201

Community Wishbook Application

Organizational Profile

Name of Organization: _____ Year Founded _____

Executive Director _____ Tax ID Number _____

Address _____ City _____

State _____ Zip _____ Phone _____

Fax _____ Website _____ Email _____

Organization's Mission _____

Population served (your primary clients) _____

Describe the services you offer _____

Please check the category below that you would identify your organization as being (please check one)

_____ Arts _____ Education _____ Health _____ Environment

_____ Community Building _____ Families/Children _____ Other

If other, please specify _____

Please list below needs that your organization has. These should be more specific than general operating support.

Short-term needs _____

Long-term needs _____

Community Foundation of Greater Jackson

Your information may be included in a document that will be made available to our donors.

Please let us know whether you would like your information to be made available to our donors by checking and then signing your name in the appropriate space below. *Incomplete profiles and those without signatures will not be considered.*

Yes, I would like my organization's profile to be included in a document that will be made available to donors of the Community Foundation of Greater Jackson.

No, do not include my organization's profile in a document for donors.