

**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 \_\_\_\_\_

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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 \_\_\_\_\_

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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.