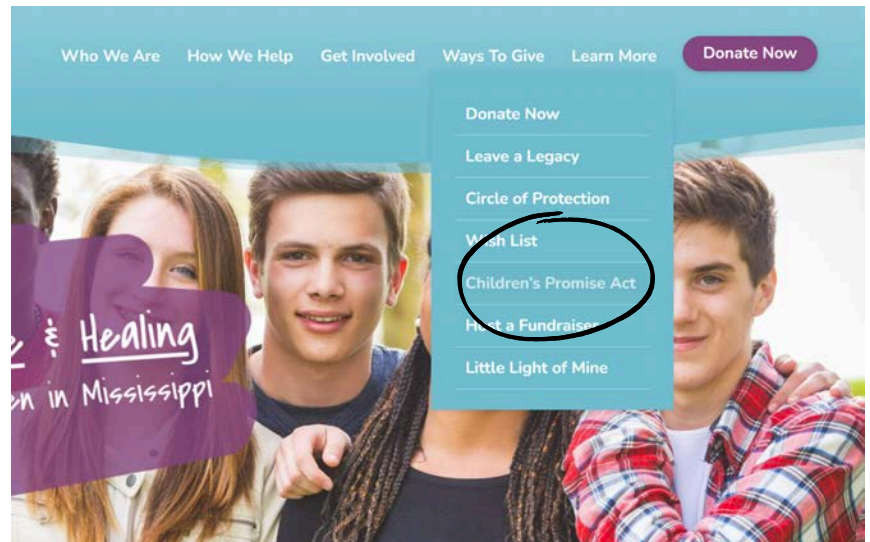
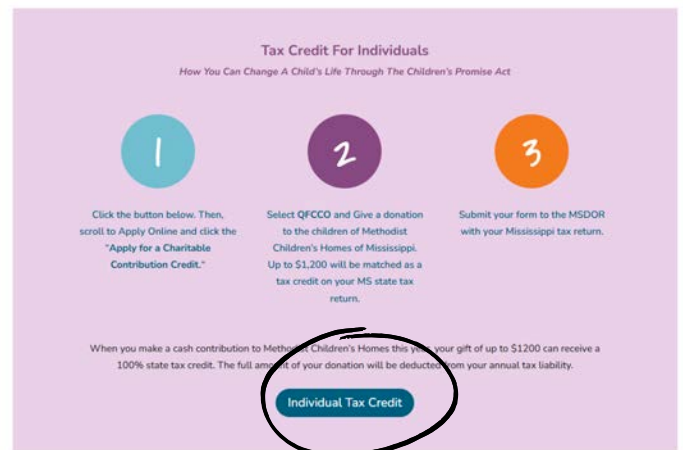


# Instructions for Children's Promise Act Giving: Individuals

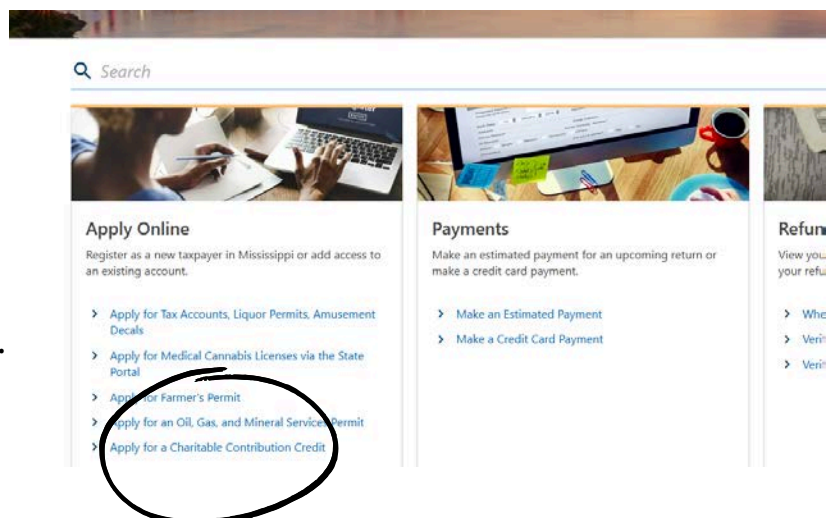
**STEP 1:** Go to <https://www.mchms.org/> and click on the tab that says **"Ways to Give."** Then click on the tab that says **"Children's Promise Act."**



**STEP 2:** The Children's Promise Act page will appear on your screen. You will need to scroll until you see the box labeled **Tax Credit for Individuals**. Click on the **blue button**.



**STEP 3:** The button will take you to the MS Department of Revenue site. Locate on the left side where it says **Apply Online** and scroll to the bottom of the box and Click **Apply for a Charitable Contribution Credit**.



**STEP 4:** You will be taken to the form to fill out your tax credit. For the **Type of Charitable Contribution Credit**, select **Qualifying Foster Care Charitable Organization**. Then select **Individual** and the **Contribution Year**. Then, Click **Next**

DEPARTMENT OF REVENUE  
STATE OF MISSISSIPPI

< Home

Charitable Contributions Credit

Type of Charitable Contribution Credit: *Required*

Are you a business or individual taxpayer?  Business  Individual

Contribution Year: *Required*

Cancel

< Previous **Next** >

*Required*

- ECO - Eligible Charitable Organizations
- EHCO - Eligible Health Care Organizations
- ESCO - Educational Services Charitable Organizations
- ETHO - Eligible Transitional Housing Organizations
- FBCO - Food Bank Charitable Organizations
- PRCO - Pregnancy Resource Charitable Organizations
- QCO - Qualifying Charitable Organizations**
- QFCO - Qualifying Foster Care Charitable Organizations

**STEP 5:** The next page is where you fill out your personal information. You can add your spouse too. After you fill it out click **Next**.

Charitable Contributions Credit

taxpayer information

**Individual Taxpayer Information**

Taxpayer First Name *Required*

M. Initial

Last Name *Required*

Social Security Number *Required*

Phone Number

Email Address

Add Spouse

**Mailing Address**

Country: USA

Mailing Address: *Required*

City: *Required*

State: MISSISSIPPI

Zip Code: *Required*

STEP 6: Here is where you will select **METHODIST CHILDRENS HOMES** under the **(Primary) Name of Organization to Receive Contributions**. Then you will add the **Contribution Amount and Date** in their respective boxes. You may need to scroll to the right to see Amount and Date Section. Then Click **Next**

Schedule Of Contributions

\*Please fill in the schedule of contributions

(Primary) Name of the Organization to Receive Contributions

BAPTIST CHILDREN'S VILLAGE  
CHRISTIANS IN ACTION INC.  
FAITH HAVEN, INC.  
HOPE FOR CHILDREN INC.  
**METHODIST CHILDREN'S HOMES**  
MISSISSIPPI CHILDREN'S HOME SOCIETY (CANOPY CHILDREN'S SOLUTIONS)

Contribution Amount	Contribution Date
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< Previous Next >

dates.

**STEP 7:** Once you click **NEXT** in STEP 6, you will taken to a Summary page to review your information. Click **Submit** on the bottom Right hand side of the screen after you scroll.

**STEP 8:** You will then need to mail a check to **Methodist Children's Homes**  
**805 N Flag Chapel Rd, Jackson, MS 39209**  
and in the Memo line, please add **"Children's Promise Act."**

If you have any questions please do not hesitate to contact our office by phone 601.853.5000 or by email [mchms@mchms.org](mailto:mchms@mchms.org)