

Whole Foods Market Berkeley
Bag Refund Donation Program Application
(Please feel free to provide additional information)

Date of application _____

Name of applicant organization _____

Address _____

Contact Person _____

Title _____

Phone Number _____

Email _____

Summary of Organization's Mission Statement and Activities:

What will your organization do with the money raised from this donation?

How will you promote your relationship with Whole Foods Market?

To request a donation, you must have a 501 C 3 nonprofit number. If you do not have your organization's number please wait to turn this form in until it is complete.

501 C 3 number _____

All donations are reviewed by Nick Heustis, Marketing & Community Relations Representative.