



Whole Foods Market  
Crossroads Common Shopping Center  
2905 Pearl Street  
Boulder, CO 80301  
303.545.6611, 303.545.6633 fax

## CommUnity Day Application

Your complete application and **all required documents must be dropped off at the Customer Service Counter at the Boulder Store.**

Deadlines are rolling and applications will be kept active and on file

It is a practice of all Whole Foods Markets to designate five days during the year where 5% of our daily sales are donated to local 501(c)3 nonprofit organization. Please fill out the following application to be considered for a CommUnity Day. Community Day Partners are carefully selected from over 600 local 501c3 organizations. Organizations applying for a Community Day should directly meet all goals of the program. In general we choose organizations that are in the greatest need, have a focused impact on the most individuals or selected causes, and represent the Core Values of Whole Foods Market. All organizations must have non profit status (501c3) and focus their efforts here in Boulder County.

***Please complete the following information: (please type or use computer)***

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please briefly outline the history of your organization:**

**Is there a specific project for which the CommUnity Day contribution will be used?**

**How many members does your organization have?**

**How would you publicize the event to your members and to the public?**

**Tell us about other fundraising events your organization has held. Which were the most successful?**

**From what other sources do you receive major funding?**

**We encourage the benefiting organization to be visible in the store prior to and on the day of the event. How would you take advantage of this opportunity? How many member or staff will be available during business hours to participate?**

**Is there a time of year when your organization would best support a CommUnity Day?**

**Is there a time of year when your organization would not be able to adequately support a CommUnity Day?**

**We require a brief evaluation of the program for which the funds are contributed. How long after the CommUnity Day could we expect your report?**

**Names of your organization's key officers or board members:**

**Application prepared/submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Additional brochures or information may be attached to this application*