



2111 Briarcliff Rd.  
Atlanta, GA 30329  
404.634.7800  
404.634.0229 (fax)

## 5% Day Application

Name of your organization:

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Date:

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Contact name, address & phone at your organization:

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Describe the mission and history of your organization:

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If you are the recipient of a Whole Foods Market 5% Day, do you have a specific project for which the contribution money would be used? Please provide any information.

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How many members belong/volunteer with your organization?

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How will you publicize 5% Day to get the community to participate and be made aware of the event?

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**What other fundraising events have you organized in the past, and what were the most successful events/programs?**

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**From what other sources does your organization receive major funding?**

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**Will you, or volunteers from your group, be available to work at an informational table (providing information to our customers about *your* organization) in the store (8 am-10 pm) on 5% Day? How many people?**

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**Who are the key officers and/or board members of your organization?**

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**Additional comments or information you feel would be helpful in describing your group:**

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**\*\*\*IMPORTANT: Please attach a copy of your 501(c)3 letter, or your organization will not be able to take part in a Whole Foods Market 5% Day.**

**Please attach any informational pieces (brochures, pamphlets, etc.) about your organization.**

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