



Whole Foods Market-Buckhead
77 West Paces Ferry Road NW
Atlanta, GA 30305
404.324.4100 phone
404.324.4110 fax

5% Day Application

Date: ___ / ___ / ___

Name of organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Website: _____

Contact name: _____

Contact phone number: _____

Contact email address: _____

Describe the mission and history of your organization:

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.

How many members belong/volunteer with your organization? _____

How will you publicize 5% Day to build awareness and community participation for the event?

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

From what other sources does your organization receive major funding?

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

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

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

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.