

Date donation is needed _____ Date by which our commitment is needed _____

Date of Application _____

RECEIVED BY _____



DONATION REQUEST

Please fill out this request form and return a minimum of 6 weeks prior to event. Due to the high volume of requests we cannot honor requests with less than 6 weeks notice. Please attach any information and media releases related to the event or its affiliate agencies. Attach copy of agency's 501(c)3 tax-exempt paperwork and W9 if applicable.

Name and Address of Applicant Organization _____

Street _____ City _____ ST _____

Zip _____ Phone _____ Fax _____

Contact Person _____ Title _____

E-mail Address _____ Cell _____

Name, Summary of Event, Location of event, Date of Event, What times Whole Foods Market representatives are requested to be on-site (if applicable) _____

What would you like from Whole Foods (include quantities, number of people expected, etc.)?

Please list *specifically* how both the event and Whole Foods Market's donation will be promoted (media affiliates, number of fliers and posters to be distributed, direct mail, etc.): _____

Tax Status of Organization

*Please attach copy of tax-exempt certificate.

- Tax exempt under IRS Ruling 501(c)(3).*
- Affiliated with a tax-exempt organization.*
- Other (Please specify, e.g., educational organization, one-time benefit, etc.) _____

PLEASE FAX DONATION REQUESTS TO 561-691-8563 ATTN: MARKETING