



Whole Foods Market Northern California Region School Scrip Program

Scrip may be purchased in **\$2500 increments**; your organization will receive a 4% discount on the purchase. Our scrip is available on gift cards in either **\$50 denominations or \$100 denominations**--only one card denomination per order. It is not necessary to spend the entire amount on the card in one purchase – your balance will remain on the card for future use. Our scrip is redeemable at all Whole Foods Markets across the nation.

If you would like to participate in our School Scrip Program, please follow the steps below.

1.) Sign up for our School Scrip Program by submitting your 501c3 form and a scrip application form to the Marketing Team Leader at your local store. Your Marketing contact will confirm your participation upon review of these materials.

2.) Order scrip by emailing your Marketing Team Leader with your order request.

Please include the following information: organization name, name of the person to contact when your order is ready, the phone number to be called when your order is ready, the amount of scrip you'd like to purchase (orders must be in \$2500 increments, in \$50 or \$100 denominations) and the store location where you will pick up the scrip. Please allow 7 to 10 working days for your order to be ready.

3.) The store will contact you when your order is ready for pick up. You will pay for your order at the store.

Check: Your check should be written for the amount of the order, minus the 4% discount. (Example: If you place an order for \$2500 worth of scrip, your check should be made out for \$2400.) This check must be drawn with your organization name printed on it. **No personal checks will be accepted.**

Credit Card: Credit cards with your organizations name printed on them will also be accepted. **No personal credit cards will be accepted.**



SCHOOL SCRIP ACCOUNT APPLICATION

PLEASE TYPE OR PRINT

ALL blanks below MUST be filled and a copy of your organization's 501(c) status letter from the IRS MUST be attached in for your application to be considered

Date _____ Store Pickup Location _____

Organization: _____

Organization Type _____ Org. Telephone (_____) _____

Organization Address _____
Street City State Zip

Contact Person _____ Telephone (_____) _____

Contact Address _____
Street City State Zip

List All Approved Purchasers

NOTE: Name must be listed as it appears on ID, as ID will be requested upon pick-up

Purchaser 1 _____

Purchaser 2 _____

Purchaser 3 _____

Purchaser 4 _____

Purchaser 5 _____

Year Established _____ Tax ID # _____

Name of Principal Officer _____ Title _____

BANK REFERENCE

Bank Name _____

Account # _____

Address _____
Street City State Zip

Contact Name _____ Telephone (_____) _____

CREDIT REFERENCE

Contact Name _____ Telephone (_____) _____

Address _____
Street City State Zip

All returned checks are subject to a \$20.00 service charge. Checks must be drawn with your organization's name printed on them. No personal checks will be accepted. Credit cards with your organization's name printed on them will also be accepted. No personal credit cards will be accepted.

The Fair Credit Reporting Act requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application, which will provide information verifying the authenticity contained in this application. Upon written request, additional information as to the nature and scope of the inquiry (if one is made) will be provided to you.

I hereby Authorize Whole Foods Market to conduct such an investigation.

AUTHORIZED SIGNATURE _____ **DATE** _____

PLEASE RETURN THIS COMPLETED FORM TO:

Melissa Mueller
WHOLE FOODS MARKET PETALUMA
621 E. WASHINGTON AVE • PETALUMA, CA 94952
(707) 762 - 9352, ext. 260 • FAX (707) 762 - 5419
Melissa.Mueller@wholefoods.com