



5% Day Application Form

Date: _____

Name of Organization: _____

***Tax Identification Number:** _____

Address: _____

Please briefly state the mission and history of your organization.

Which project/projects will the funds from a 5% Day event benefit?

How many subscribers/members/constituents does your organization have?

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

Provide information on your organization's fundraising endeavors, especially the most effective projects.

From what other sources/foundations do you receive major funding?

Whole Foods Market requires the recipient organization to staff an information table in our store during the 5% Day. The store hours are 8 am – 10 pm. What is your plan for adequately staffing the store with volunteers throughout the day? How many people will you have in the store?

Aside from providing information, what else could you provide in the store during your 5% Day? (e.g. entertainment, celebrity baggers, video of your work, free lecture)

We require a brief evaluation of the project for which the funds are used. How soon after the 5% Day could we expect your report?

Please list your organization's key officers/board members.

Have you ever applied for a Whole Foods Market 5% Day before at this store or another location? If so, when and what location?

Completed by: _____ **Phone:** _____
Contact person: _____ **Phone:** _____
Title: _____ **Fax:** _____

Please attach a copy of your 501(c)3 determination letter and a completed W-9.

Please return to:

Marketing Specialist & Community Liaison

Whole Foods Market, **

Phone: **

Fax: **

PLEASE FEEL FREE TO ATTACH ANY FURTHER INFORMATION.