



650 Ponce de Leon Avenue
Atlanta, GA 30308
404.853.1681 phone
404.853.1632 fax

5% Day Application

Name of organization: _____

Date: _____

Contact name, address, phone, and email at your organization:

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 get the community to participate and be made aware of 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.
