

NOURISH STRONG
COMMUNITIES



PRESERVE & REPLENISH THE
ENVIRONMENT



CHERISH
ORGANIC FARMING



CELEBRATE
ALL LIVING BEINGS

GENERAL/IN-KIND DONATION APPLICATION

SECTION 1: ABOUT YOUR ORGANIZATION

TODAY'S DATE

ORGANIZATION NAME

CHARITABLE NON-PROFIT 501(C)(3) CERTIFICATE # (ATTACH COPY OF CERTIFICATE)

STREET ADDRESS

CITY

STATE

ZIP

CONTACT NAME

CONTACT TITLE

PHONE NUMBER

FAX NUMBER

EMAIL

DATE ORGANIZATION WAS ESTABLISHED

PLEASE CHECK ONE CATEGORY THAT BEST DESCRIBES THE PRIMARY SERVICE YOUR ORGANIZATION PROVIDES:

- ENVIRONMENTAL SOCIAL SERVICES HEALTH & WELLNESS HUNGER
 ANIMAL RIGHTS/WELFARE ORGANIC/SUSTAINABLE AGRICULTURE
 OTHER (SPECIFY)

DOES ANY PART OF YOUR ORGANIZATION SUPPORT OR CONDUCT, DIRECTLY OR INDIRECTLY, ANIMAL TESTING?

- YES NO

ARE YOU PART OF A LARGER ORGANIZATION OR DOES YOUR GROUP RECEIVE FUNDS FROM LARGE CORPORATION? YES NO IF YES, WHO?

SECTION 2: YOUR BUDGET

WHERE DOES YOUR GROUP GET FUNDING?

WHAT IS THE OVERALL ANNUAL BUDGET FOR YOUR ORGANIZATION?

WHAT PERCENTAGE OF YOUR GROUP'S BUDGET WENT TO OVERHEAD IN THE LAST FISCAL YEAR?

WHAT PERCENTAGE OF YOUR GROUP'S BUDGET WILL GO TO OVERHEAD IN THE CURRENT FISCAL YEAR?

WHAT PERCENTAGE OF THIS DONATION WILL DIRECTLY SUPPORT YOUR ORGANIZATION'S CAUSE?

PLEASE ATTACH YOUR ORGANIZATION'S MISSION STATEMENT AND PROGRAM LIST TO THIS APPLICATION.

CONTINUED ON REVERSE...



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SECTION 3: ABOUT YOUR REQUEST

ORGANIZATION NAME _____

HAVE YOU SUBMITTED THIS REQUEST TO ANY OTHER WHOLE FOODS MARKET STORE?

YES NO IF YES, WHEN? _____ WHICH STORE(S)? _____

HAS YOUR GROUP EVER RECEIVED SUPPORT OR FUNDS FROM ANY WHOLE FOODS MARKET STORE?

YES NO IF YES, WHEN? _____ AMOUNT? _____ WHICH STORE(S)? _____

WHAT TYPE OF CONTRIBUTION ARE YOU SEEKING FROM US? (PLEASE GIVE SPECIFICS)

- GIFT BASKET _____
- PARTY PLATTER(S)/CATERING TRAYS _____
- IN-KIND PRODUCT DONATION _____
- GIFT CARD(S)/CERTIFICATE(S) _____
- OTHER (PLEASE CLEARLY DEFINE BELOW) _____

PLEASE GIVE SPECIFICS:

(EVENT DESCRIPTION, PREFERRED PRODUCT(S), QUANTITY, DATE OF EVENT, DATE NEEDED BY, ETC.):

HOW ARE YOU PROMOTING YOUR EVENT?

WHO WILL ATTEND YOUR EVENT?

Whole Foods Market wants to support our local communities. If your organization is chosen to participate, please assist us in getting the word out about Whole Foods Giving Programs through member newsletters, flyers and press releases.

Please return your completed application to the Marketing Manager or to the Manager on Duty. Incomplete applications will not be considered. You will be notified if your organization is selected.

NOTE: A COMPLETED APPLICATION IS NOT AN AGREEMENT TO HONOR YOUR REQUEST.

Thank you.

