



## 5% Day Application

Date: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Tax ID: \_\_\_\_\_

Email: \_\_\_\_\_

**\* Please attach a copy of your organization's 501(c)3 designation. This is required for a non-profit organization to be eligible for consideration.**

Please state briefly the mission and history of your organization:

Is there a specific project for which the 5% Day contribution would be used?

How many members does your organization have?

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

From what other sources do you receive major funding?

What other fund raising events has your group organized? Which were the most successful?

Whole Foods Market encourages the recipient organization to staff a small information booth on the 5% Day. During the hours of 9am to 7pm, how many people would you be able to have in the store (maximum of 3 people per shift)?

Is there any month or time of the year when your organization would not be able to adequately support a 5% Day?

Whole Foods Market requires a brief evaluation of the project for which the funds are used. How long after the 5% Day could we expect your report?

Names of key officers or Board Members: