



# Community \$upport Day Application

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

Name of  
Organization: \_\_\_\_\_  
\_\_\_\_\_

501 (c) 3 Tax Identification Number: \_\_\_\_\_  
*Please include a photocopy of your status*

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

Please briefly state the mission and history of your organization:

How will the money from a Community \$upport Day impact your organization?

What will the money be used for?

How many members does your organization have?

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

Please provide information on your organization's fundraising endeavors, especially the most effective projects?

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

Please list your organizations key officers/board members: May I contact them?

Have you ever applied for a Community Support Day at Whole Foods Market before? If so, when and at what location?

Do you have a web site? \_\_\_\_\_

Are you available by email? \_\_\_\_\_

Completed By: \_\_\_\_\_ Phone:  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone:  
\_\_\_\_\_

Please return application to: Laura Litwin  
Fax #: 707-824-2526  
Email: [laura.litwin@wholefoods.com](mailto:laura.litwin@wholefoods.com)  
Phone: 707-824-2524  
Whole Foods Market, Sebastopol