

Whole Foods Market Sebastopol's Donation Request Application:

The complete application must be received at least 3 weeks in advance of your event date in order to be considered.

Please include a copy of the current 501©3 letter for your organization.

Please read all guidelines of this application before submission.

Today's Date: _____ Event Date & Desired Pick-up Date: _____

Organization _____ 501-C (3) Number _____

Address of event: _____

Contact: _____ Title: _____

Phone: _____

Alternate Phone: _____

Email: _____

Fax: _____

Description of event and expected attendance:

How will Whole Foods Market be acknowledged?

Donation request:

Please email, fax or send your application, 501-C (3) letter and any relevant information to:

Laura Litwin

Marketing & Community Relations Representative

Phone: (707)-824-2524

Fax: (707)-824-2526

Email (preferred): laura.litwin@wholefoods.com