



## Community \$upport Day Application

Date:

Name of Organization:

  

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

Address

  

How will the raised funds from a Community \$upport Day impact your organization?  
Please briefly state the mission and history of your organization)

  
  
  
  
  
  

For what purpose will the raised funds be used?


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?

Completed By:

Phone:

Email Address

Contact Person:

Phone

Email Address:

*Please return application to:*

Whole Foods Market  
Cheyenne Pernites  
Marketing and Community Relations  
399 4th Street  
San Francisco, CA 94107  
phone: 415-618-0066 fax: 415-618-0050

Email (preferred):

Cheyenne.Pernites@wholefoods.com

Fax Number: 415 • 618 • 0050

Phone Number 415 • 618 • 0066 ext 260