



Soma

NICKELS FOR NONPROFITS
bag refund program *application*

Program Summary: Customers who bring in their own bags receive a 5¢ credit per bag. They can choose to donate that 5¢ to one of 3 selected nonprofits.

Date: _____

Name of Organization: _____ web address: _____

Contact Person: _____ phone number: _____

Email address: _____

Address: _____

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

Please briefly state the mission and history of your organization:

How will the funds from this program impact your organization? What will the funds be used for?

How many members does your organization have?

How will you publicize and promote your participation in this program 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 we contact them?

Have you ever applied for this program before? If so, when and what location?

please fax or mail your completed application to:

Whole Foods Market
Marketing and Donations
399 4th Street
San Francisco, CA 94107
fax: 415-618-0050