



Whole Foods Market St. Paul 5% Day Application

Please complete the following information: (please print clearly)

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Please briefly outline the history of your organization:

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

Tell us about other fundraising events your organization has held. Which were the most successful?

From what other sources do you receive major funding?

How many members does your organization have?

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

We encourage the benefiting organization to be visible in the store prior to and on the day of the event. How would you take advantage of this opportunity? How many members or staff will be available during business hours to participate?

Is there a time of year when your organization would best support a 5% Day?

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

We require a brief evaluation of the program for which the funds are contributed. How long after the 5% Day could we expect your report?

Names of your organization's key officers or board members:

Application prepared/submitted by: _____

Date: _____

Additional brochures or information may be attached to this application.

Complete and mail or fax to:

Attn: Jen Eyrich

Whole Foods Market St. Paul

30 S Fairview, St. Paul, MN 55105

Fax: 651.690.0382