



West Bloomfield, MI

Community Support Day Application

Please complete the following information: (please print or use computer)

Name of Organization: _____

Address: _____

City, State and Zip Code: _____

Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Please briefly outline the history of your organization:

Is there a specific project for which the Community Support Day contribution will be used?

How many members does your organization have?

How would you publicize the Community Support Day to your members and to the public?

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

From what other sources do you receive major funding?

We encourage the benefiting organization to be visible in the store prior to and on the day of the Community Support Day. 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 Community Support Day?

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

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

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

Application prepared/submitted by: _____

Date: _____

Please submit any additional brochures and information with this application to:

Renee Mahon
Marketing/Community Relations
Whole Foods Market
7350 Orchard Lake Road
West Bloomfield, MI 48322
Ph: 248-538.4600