



SEND YOUR SOA! PROCEEDS TO YOUR LOCAL ARTHRITIS CHAPTER
MINI-GRANT APPLICATION

Date: _____

Local Arthritis Chapter Information:
(where should the check be mailed?)

Name of Local Arthritis Chapter: _____

Local Arthritis Chapter contact: _____

Complete Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Local arthritis chapter has a non-profit tax exempt status of 501 (c) (3): Yes No
(If not, you may be required to verify that funds are used for an exempt purpose.)

Please distribute funds to the local arthritis chapter as follows: **Distributed funds must match amount being donated by AOII chapter.

Program/Service: _____ Total amount to arthritis program: _____

1. _____ \$ _____

2. _____ \$ _____

AOII Chapter Contact Information:

AOII Chapter Name: _____

AOII Chapter Address: _____

AOII Chapter Contact: _____ Contact Phone # _____

How will your chapter be recognized by the local arthritis chapter? _____

Signed: _____ Title _____
AOII representative

Distribution of Mini-Grants is based on requests from local collegiate or alumnae chapters of Alpha Omicron Pi, which has directed these funds to AOII Foundation for the benefit of a specified local arthritis program or chapter. Mini-Grants must be at least \$100 or more, depending on amount of local AOII chapter SOA! contributions to the AOII Foundation. More than one request may be submitted. Mini-Grants are awarded after receipt of AOII chapter designated gift. **100% of proceeds go directly to the designated local arthritis chapter.**

Mail with SOA! Event Report Form & Proceeds to:
AOII Foundation
5390 Virginia Way
Brentwood, TN 37027