



2011-2012 STRIKE OUT ARTHRITIS! EVENT REPORT FORM

Recognition Deadline- Friday, May 11

Name of Chapter _____

Name of University _____

Name of Event _____

Must contain the term "Strike Out Arthritis!" in some portion of the title to qualify as an official SOA! event. Example: "Run for the Roses to Strike Out Arthritis!"

Date of Event _____

Description of Event _____

Proceeds from Event _____

Please include your proceeds with a check made payable to the AOII Foundation.

AOII Contact Officer _____

Contact Officer's Phone and Email _____

Mail your donation to:
AOII Foundation
Attn: Strike Out Arthritis!
5390 Virginia Way
Brentwood, TN 37027

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• *Want your SOA! proceeds to benefit your local arthritis chapter?*
• Submit a Mini-Grant along with this form. 100% of proceeds go
• back to your designated local arthritis chapter. The Mini-Grant
• form can be found on the Foundation website.
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