



AOII Chapter - Request for AOII Foundation Arthritis Mini-Grant

Date: \_\_\_\_\_ Arthritis program contact person: \_\_\_\_\_

Name of Arthritis Chapter or arthritis program: \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Arthritis related organization has tax exempt status as a 501 (c) (3) organization: \_\_\_Yes \_\_\_No  
(If not, you may be required to verify that funds are used for an exempt purpose.)

AOII Chapter \_\_\_\_\_ requests a Mini-Grant\* for educational programs/charitable services as follows:

- | Program/Service: | Total amount to arthritis program: |
|------------------|------------------------------------|
| 1. _____         | \$ _____                           |
| 2. _____         | \$ _____                           |

For each program/service Mini-Grant, please answer this question: This grant will help us achieve the following results:

Local AOII Chapter name: \_\_\_\_\_

AOII Contact: \_\_\_\_\_ AOII Contact Phone No: \_\_\_\_\_

How will local arthritis program recognize the local AOII donor of this Mini-Grant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title \_\_\_\_\_  
AOII representative

\*Approval of Mini-Grants is based on philanthropy designations from local collegiate or alumnae chapter of Alpha Omicron Pi, which has directed these funds to AOII Foundation for the benefit of a specified local arthritis program or chapter. Therefore mini-grants may not be available in all areas. Contact the Foundation for information. Mini-grants must be at least \$100 or more, depending on amount of local AOII chapter contributions to the AOII Foundation. More than one request may be submitted. Mini-grants are awarded after receipt of AOII chapter designated gift.