



Eastern Synod Mission Grant Release Form

Organization Name	
Contact Person's Name	
Address, City, Province, PC	
Day Time Telephone Number	
Email Address	
Registered Charity Number	

Project Category	Compassionate Justice	
	Short Term Mission Grant	
	Long Term Partnership	

On behalf of the above named organization, I agree that all funds given as an Eastern Synod Mission grant shall:

1. be used solely for the use that was described in our project proposal, and
2. that our organization will submit a report as outlined on the application form outlining the use of these program funds.

***** Cheques will not be released unless a signed copy of this form has been forwarded to the synod office.

Signing Officer

Date

Return to:

Rev. Adam Snook
Eastern Synod
74 Weber Street West,
Kitchener, ON N2H 3Z3