



# Eastern Synod Mission Grant Release Form

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

<b>Project Category</b>	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