

PREACHER'S CHARITY

Grant Application Form

Name of Organisation:

Address:

Tel No:

Registered Charity Number (if application):

Name of Chairman:

Name of Treasurer:

What is the main activity
of the organisation?

When did/will the organisation/activity start?

How is the grant likely to be
used and who will benefit?

(Continue on a separate sheet
if necessary)

Overall cost of the project if known:

Amount of grant requested:

Signed by:

Position in Organisation:

Date of Application:

Please see overleaf for more information about submitting your application:-

If successful please indicate who the cheque should be made payable to and the address to which it should be sent.

It would be helpful if you could indicate how you heard of the Preacher's Charity:

Please enclose any additional information on your organisation which you feel will be useful to the Trustees when they consider your application.

Organisations should enclose a copy of their most recent accounts, audited if possible.

Applications forms to be returned to:-

**The Administrator of the Preacher's Charity
c/o The Great Hospital
Bishopgate
Norwich NR1 4EL**

All applications will be advised of the outcome of their application.
