



# Pontifical Mission Society

SOCIETY for the PROPAGATION of the FAITH

ARCHDIOCESE OF PHILADELPHIA

## MISSIONARY COOPERATION PLAN APPLICATION

Archdiocese/Diocese

} NAME: \_\_\_\_\_

Religious Order/Mission Organization

Province/Region/Jurisdiction \_\_\_\_\_ Country \_\_\_\_\_

[Arch] Bishop/ Religious/Superior \_\_\_\_\_

### CONTACT PERSON:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.com

Please describe how the Appeal donations will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Please feel free to attach more information.]

### SPEAKER PROFILE:

Do You Have a Representative in the United States? Yes  No

Will a Speaker be able to make an appeal during the approved timeframe [June-Aug]? Yes  No

Person coming to make the Missionary Cooperation Plan Appeals – Please check the following:

Bishop  Priest  Deacon  Brother  Sister

Seminarian  Layperson-Female  Layperson- Male

Is the speaker fluent in English [understood very clearly]? Yes  No

What other languages is the speaker proficient in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Page 1 of 2 Page Application

To be considered for the Missionary Cooperation Plan, please mail this completed form

**BY AUGUST 1** to be considered for the following year

Questions? Contact us at [pofaith@adphila.org](mailto:pofaith@adphila.org) or 215-587-3944

# SOCIETY for the PROPAGATION of the FAITH

## MISSIONARY COOPERATION PLAN APPLICATION

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### MISSION GROUP PROFILE:

#### To Be Completed by [ARCH] DIOCESE:

Number of Catholics \_\_\_\_\_ Percentage of Population \_\_\_\_\_%

Number of Local Priests \_\_\_\_\_ Number of Parishes or Stations \_\_\_\_\_

Number of Missionary Priests \_\_\_\_\_ Number of Missionary Sisters \_\_\_\_\_

Number of Catechists \_\_\_\_\_

What percentage of your budget is derived from Missionary Cooperation Plan collections? \_\_\_\_\_%

#### To Be Completed by RELIGIOUS CONGREGATION:

Is your Congregation exclusively Missionary? Yes  No

If not, what percentage is devoted to Missionary activity? \_\_\_\_\_%

Current total Membership in your Province/Region:

Number of Priests \_\_\_\_\_ Number of Brothers \_\_\_\_\_

Number of Sisters \_\_\_\_\_ Number of Lay Volunteers \_\_\_\_\_

What percentage of funding does the Missionary Cooperation Plan collection provide? \_\_\_\_\_%

List the Mission Countries in which you are engaged in Ministry:

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#### To Be Completed by MISSIONARY ORGANIZATION:

Current total Membership in your Organization:

Number of Paid Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Number of Lay Missionaries currently serving in Missions \_\_\_\_\_

What percentage of funding does the Missionary Cooperation Plan collection provide? \_\_\_\_\_%

List the Mission Countries in which you are engaged in Ministry:

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*NOTE: By the end of JANUARY you will be notified if you have been accepted for the Missionary Cooperation Plan Appeal. Please be advised that you will only hear from us if you are accepted.*

### THANK YOU FOR ALL YOU DO FOR THE MISSIONS!

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**BY AUGUST 1** to be considered for the following year

to the ARCHDIOCESE OF PHILADELPHIA Pontifical Mission Societies, 222 North Seventeenth Street, Philadelphia, PA 19132 or email us at [pofaith@adphila.org](mailto:pofaith@adphila.org)

*Questions?* Contact us at [pofaith@adphila.org](mailto:pofaith@adphila.org) or 215-587-3944