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| **SPFCrossLightGray.JPGMissionary Plan of Cooperation** | Application Form 2023 |

Thank you for taking the time to complete the following application for the Missionary Plan of Cooperation with the Archdiocese of St. Louis. **Applications are due by November 1, 2022** for consideration for next year’s program. If accepted, you will be notified in January 2023.

*Your appeals must be conducted between the months of May and September 2023.*

**About Your Organization**

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| --- | --- |
| **Name of Mission Organization** |  |
| **Mission Contact/Representative**  ***\*The individual responsible for coordinating the appeals*** |  |
| **Mailing Address** |  |
| **Telephone** |  |
| **Email address(es)** |  |
| **Website Address** |  |
| **For missions in which country will you be appealing?** |  |

|  |  |
| --- | --- |
| **Does your organization receive support from “Propaganda Fide” in Rome?** | **Yes  No** |
| **What year was your mission last included in *our* Missionary Plan of Cooperation?** |  |
| **In how many other dioceses did your organization participate in a Missionary Co-Op plan the last two years?** | **# of dioceses 2021:** |
| **# of dioceses 2022:** |

**About Your Speaker**

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| **The speaker for appeals will be a:** | **Priest**  **Sister**  **Brother**  **Lay Person** |
| **What is the maximum number of parishes the speaker is available to schedule?** | **1-2 parishes**  **3-5 parishes** |
| **Name of person making the mission appeals (if known at this time)** |  |

**Note:** *It is to your benefit that the individual making the appeals speak fluent English and have public speaking experience.*

**About Your Mission**

Please take a minute to provide a brief explanation of your mission and describe how appeal donations would be used. You may attach literature in addition to your response. (Please type as much as needed in the gray response area below – response will automatically flow to next page.)

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**Distribution of Funds**

Please provide the most secure and preferred means of sending money to your organization:

Mail (U.S. only) or Wire Transfer (U.S. and International).

**Mail Information Required (U.S. remittance only)**

|  |  |
| --- | --- |
| **Make check payable to:** |  |
| **Mailing Address** |  |
| **City** |  |
| **State** |  |
| **Zip** |  |

**OR**

**Wire Transfer Information Required (International remittance)**

|  |  |
| --- | --- |
| **Account Holder Name** |  |
| **Address** |  |
| **City** |  |
| **Country** |  |
| **Bank and Branch Name** |  |
| **Address** |  |
| **City** |  |
| **Country** |  |
| **Swift Code** |  |
| **Account Number** |  |

**Note:** *It is the responsibility of the mission organization to inform us of any changes to the above information. Incomplete applications will not be considered.*

**Submitting Your Application**

The deadline for applications is **November 1st.**

Return the completed application to: Missionary Plan of Cooperation

Archdiocese of St. Louis

20 Archbishop May Drive

St. Louis, MO 63119

United States of America

Fax: (314) 792-7669

Email: [missions@archstl.org](mailto:missions@archstl.org)