



**THE PONTIFICAL MISSION SOCIETIES IN THE ARCHDIOCESE OF SAN FRANCISCO**

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**MISSIONARY COOPERATION PLAN APPLICATION FORM**

PLEASE RETURN TO THE ADDRESS LISTED ABOVE

Filling out this form does **not** guarantee an assignment. The information will be used in considering your application for the Missionary Cooperative Plan or to update our files. Thank you for your help.

**PART I**

NAME OF (ARCH)DIOCESE OR SOCIETY: \_\_\_\_\_

THIS IS A: [ ] (ARCH)DIOCESE [ ] CONGREGATION/SOCIETY [ ] VICARIATE [ ] PRELATURE [ ] OTHER

NAME OF (ARCH)BISHOP/SUPERIOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF REPRESENTATIVE IN THE UNITED STATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF BISHOP/PRIEST/SISTER/SUPERIOR/LAY WHO WILL MAKE THE APPEAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ENGLISH SPEAKING: [ ] YES [ ] NO WHAT OTHER LANGUAGE(S) SPOKEN BY THE SPEAKER \_\_\_\_\_

**PART II:**

NAME OF COUNTRY WHERE (ARCH)DIOCESE OR PROJECT IS LOCATED: \_\_\_\_\_

IF RELIGIOUS COMMUNITY OR SOCIETY, LIST COUNTRY IN WHICH YOU WORK: \_\_\_\_\_

NUMBER OF PEOPLE SERVED: \_\_\_\_\_ NUMBER OF CATHOLICS \_\_\_\_\_ NUMBER OF PARISHES OR STATIONS \_\_\_\_\_

HOW WILL MCP FUNDS BE USED: \_\_\_\_\_

**PART III:**

HAVE YOU EVER BEEN INCLUDED IN THE MISSIONARY COOPERATION PLAN IN THE ARCHDIOCESE OF SAN FRANCISCO? [ ] YES [ ] NO

IF YES, INDICATE WHICH YEARS: \_\_\_\_\_

DO YOU RECEIVE ANY AID FROM THE PROPAGANDA FIDE IN ROME: [ ] YES [ ] NO

HAVE YOU APPLIED OR INTEND TO APPLY TO THE MISSIONARY COOPERATION PLAN OF THE FOLLOWING CALIFORNIA DIOCESES: [ ] YES [ ] NO

[ ] FRESNO [ ] LOS ANGELES [ ] MONTEREY [ ] OAKLAND [ ] ORANGE [ ] SACRAMENTO [ ] SAN BERNADINO [ ] SAN DIEGO

[ ] SAN JOSE [ ] STOCKTON

**PART IV: DISBURSMENT OF FUNDS CHECKS CANNOT BE DISBURSED WITHOUT THE FOLLOWING INFORMATION. CHECKS WILL BE MADE PAYABLE TO THE (ARCH)DIOCESE OR CONGREGATION/SOCIETY**

TO WHOM SHOULD THE CHECK BE SENT? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIAL INSTRUCTIONS FOR SENDING FUNDS: \_\_\_\_\_

SIGNATURE OF (ARCH)BISHOP/SUPERIOR \_\_\_\_\_ DATE \_\_\_\_\_