**2018 Missionary Cooperation Plan (MCP) Archdiocese of St. Paul and Minneapolis MISSION ORGANIZATION** Application Form

**Return completed form by email, regular mail or FAX**

**TYPEWRITTEN ONLY!**

Name of Mission Organization:

U.S. Contact Person:

Contact Person Address (Street):

Address 2 (City, State, Country, Zip)

Contact Person Telephone:

Contact Person Email:

Name of person(s) making the appeal:

Presenter is: \_\_U.S. Contact Person \_\_ Returned Missionary \_\_ Organization Representative

Presenter is: \_\_Fluent in English \_\_ Fluent in Spanish \_\_ Fluent in Vietnamese Other Language:

*(It is to your benefit if the person(s) making the appeals speaks fluent English and has public speaking experience. Also many parishes celebrate Mass in Spanish, Vietnamese or other languages)*

 Explain why you should be considered for the 2018 MCP and be very specific:

Explain below why your organization should be considered for the 2018 MCP appeal? How will the funds be used? Specify your plan of action (be specific). **Do not attach additional literature to this application.**

**Mission Organization Information**

Name of Mission Organization Director:

Organization Director’s Address (Street):

Address 2 (City, State, Country, Zip)

Director’s Telephone:

Director’s Email:

What year was your organization last included in our MCP?

**Distribution of Collected Funds** *Please provide the most secure and preferred means of sending money to your organization: Mail (in the U.S. only) or wire transfer (U.S. and international)*

**Mail (U.S. only) Information Required** Make Check Payable to:

Full Mailing Address:

**Wire Transfer (U.S. and international) Information Required**

Wire Transfer Account Name:

Bank Name and Address:

Address Continued:

Swift Code:

Account Number:

Other important information:

***Note****: It is the responsibility of the organization to inform us of any information changes to the above data*

**Deadline for your MCP Application is December 1, 2017**

Typed application can be emailed to: friesenm@archspm.org

Typed application can also be mailed to: Center for Mission
777 Forest Street
St. Paul, Minnesota 55106-3857
USA
FAX (651) 291 - 4467

**a letter of acceptance will be mailed out by February 2018**

**If you have any questions,** contact Deacon Mickey Friesen
Center for Mission Director 651.291.4445 or friesenm@archspm.org

**For office use only: \_\_\_\_\_\_\_\_Appeals Accepted \_\_\_\_\_\_\_\_Dates Received \_\_\_\_\_\_\_Testimonial Form(s) Received**