



2024 MISSION CO-OPERATIVE PLAN APPLICATION

PLEASE PRINT CLEARLY

DEADLINE: NOVEMBER 30, 2023

1. Mission Society or Diocese: _____
2. Country: _____ Number of people served: _____
3. Bishop, Major Superior, or Board President: _____

Phone & Email:	
Address:	

4. If you have project(s) that you would like us to know, please share some info:

5. Your web address that shows more information about your mission work:

6. Has your Mission Society or Diocese received any aid from the Propagation of the Faith?

Yes No If Yes, the amount received: _____

7. Has your Mission Society or Diocese been part of our Mission Co-op Plan in the past?

Yes No If yes, what years? _____

8. Your 2023 Mission Appeal Speakers:

Name: _____ Phone: _____

Email: _____

Address: _____

Name: _____ Phone: _____

Email: _____

Address: _____

9. Your United States Mission Coordinator or Contact:

Name: _____ Phone: _____

Email: _____

Address: _____

10. All speakers must be fluent in English. Indicate other linguistic abilities of your speaker:

Spanish Portuguese Vietnamese Korean

Others: _____

11. If requested, would your speakers be willing to share their mission experiences with groups within the parish, aside from their appeal during Mass?

Yes No

BY SIGNING THIS APPLICATION FORM, YOU AGREE TO FOLLOW OUR *DIOCESAN MISSION CO-OPERATIVE GUIDELINES AND REQUIREMENTS*, AND UNDERSTAND THAT SOME VIOLATIONS MAY RESULT IN YOUR MISSION GROUP NOT BEING CONSIDERED FOR FUTURE MISSION CO-OPERATIVE PLANS.

SIGNATURE _____ NAME _____

DATE _____ MAIL COMPLETED APPLICATION TO OUR MISSION OFFICE

(SEAL)

FOR OFFICE USE ONLY DATE RECEIVED

FOR QUESTIONS OR CLARIFICATIONS, CONTACT:
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