

MISSIONARY COOPERATIVE PROGRAM - 2024 - DIOCESE OF CLEVELAND

APPLICATION FORM

PLEASE PRINT

RELIGIOUS COMMUNITY \_\_\_\_\_  
(Please give legal title)

DIOCESE, VICARIATE, etc. \_\_\_\_\_

(Bishop-country-address) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

U.S. REPRESENTATIVE/CONTACT, MAILING ADDRESS, TELEPHONE (if different):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHO WILL BE MAKING THE APPEAL (bishop/priest/brother/sister/lay person)

\_\_\_\_\_

APPLICATION MADE BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Please continue on second page

Please describe the nature, extent, and location of your missionary efforts:

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Does anybody from your organization speak Spanish? ☐ Yes ☐ No

Special instructions for disbursement of the appeal collection

- ☐ We request that our gift be mailed to the U.S. contact person.
- ☐ We request that our gift be mailed directly to our organization at a U.S. address.
- ☐ We authorize the appeal speaker to receive our gift by mail on behalf of our organization.
- ☐ Other \_\_\_\_\_

Address where collection gift should be mailed (if different than above):

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Special instructions: \_\_\_\_\_

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**Due to the high response volume of this program, we are unable to acknowledge receipt of each application. Only those organizations that have been accepted into the program will receive a written response/invitation to participate. These response letters are sent out by February of the program year.**

**Please fax or mail your application:**

**Diocesan Mission Office - Society for the Propagation of the Faith  
1404 East Ninth Street, 3<sup>rd</sup> Floor  
Cleveland, OH 44114**

*You may also scan your completed form and attach it to an email message to: [cbudziak@dioceseofcleveland.org](mailto:cbudziak@dioceseofcleveland.org)*