

MISSIONARY COOPERATIVE PROGRAM - 2025 - 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:

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: _____

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, 3rd Floor
Cleveland, OH 44114**

You may also scan your completed form and attach it to an email message to: cbudziak@dioceseofcleveland.org