

Archdiocese of St. Paul and Minneapolis, Minnesota, USA

To use the form, print the document, fill it out and mail or fax; or scan and email to our address on the second page.

Name of Religious Congregation _____

U.S. Contact Person _____

Address _____

Telephone _____ Fax _____ Email _____

Who will make appeals in the archdiocese? _____

- U.S. Contact Person
- Returned Missionary
- Congregation Representative

Other (explain): _____

Is presenter fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	Is presenter fluent in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat	Is presenter fluent in Vietnamese? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat
List other language capacities _____		
Note: <i>It is to your benefit if the person making appeals speaks fluent English and has public speaking experience. Some parishes also celebrate Mass in Spanish, Vietnamese or other languages.</i>		

Why should your congregation be considered to participate in the 2012 MCP? How will the funds be used? Please specify your plan of action (be specific) below. ***Please do not attach any additional literature to this application.***

Archdiocese of St. Paul and Minneapolis, Minnesota, USA

Name of Religious Superior _____

Religious Superior's Address _____

Telephone _____ Email _____

What year was your congregation last included in our MCP? _____

Has your congregation received funding from Pontifical Mission Societies in the past 5 years? Check all that apply:

- Society for the Propagation of the Faith Holy Childhood Association Society for St. Peter Apostle

Distribution of Funds Collected

Please provide the most secure and preferred means of sending money to your congregation: mail (U.S. only) or wire transfer (U.S. and international).

Mail (U.S. only) Information Required

Make Check Payable to: _____

Mailing Address: _____

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

Wire Transfer Account Name: _____

Bank Name and Address: _____

Swift Code: _____ Account Number: _____

Any other pertinent information: _____

Note: It is the responsibility of the religious congregation to inform us if information above changes.

***** THE DEADLINE FOR YOUR MCP APPLICATION IS DECEMBER 1, 2011 *****

Return completed MCP Application to:

Center for Mission
328 Kellogg Blvd. West
St. Paul, Minnesota 55102
USA
Fax (651) 290-1628

Applications may also be scanned and emailed to: friesenm@archspm.org

Please Note: A letter of acceptance will be mailed out in February, 2012.
All applications can be found online at: www.centerformission.org

If you have any questions, please contact
Deacon Mickey Friesen, Director of the Center for Mission
Telephone (651) 291-4445

