



DIOCESE OF ALLENTOWN
THE PONTIFICAL MISSION SOCIETIES
Propagation of the Faith
PO BOX F

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ALLENTOWN, PENNSYLVANIA 18105-1538
Rev. Andrew J. Torma, MSC, Diocesan Director
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missions@allentowndiocese.org

Application for the Missionary Cooperative Program

Deadline for Submission:

MISSION ORGANIZATION CONTACT INFORMATION

Name of Mission Organization

Type:

☐ Arch/Diocese, Prelature, Vicariate ☐ Religious Society/Congregation ☐
Organization/Mission

Name and Title of Bishop/Superior/Director who is approving your application to make appeals. Note that a letter of authority/support needs to accompany this application.

Mission Organization Full Address:

Mission Organization Email:

Mission Organization Phone Number:

Mission Organization Website:

U.S. CONTACT PERSON INFORMATION

U.S. Representative/Scheduler Name:

U.S. Representative/Scheduler Full Address:

U.S. Representative/Scheduler Email:

U.S. Representative/Scheduler Phone Number(s):

Cell:

Office:

Other:

You must be able to receive a U.S. check, made payable only to your organization, and mailed to a U.S. address. Mailing address must be a business address and not a residential address. Please provide address below. DO NOT APPLY IF YOU ARE UNABLE TO PROVIDE AN APPROPRIATE MAILING ADDRESS.

Check payable to:

ABOUT YOUR MISSION

Does your organization have a relationship with the Diocese of Allentown? (Please describe)

☐ No ☐ Yes Describe:

All speakers must be fluent in English, both in giving and appeal/homily and in celebrating the sacraments. Indicate additional languages spoken fluently by our appeal speaker(s):

☐ Spanish ☐ Vietnamese ☐ Other:

Country/countries where the mission project is located:

Please provide a brief description of the mission/service project and how the appeal donations will be used. You may attach additional documentation or a brochure about your mission organization.

Additional comments:

SIGNATURE

I have reviewed the Missionary Cooperative Program Regulations and pledge to abide by the Diocese of Allentown's policies.

Name (printed):

Signature:

Date: