

MISSIONARY COOPERATIVE PLAN FOR ASSIGNMENT

Parish Name: _____

Pastor/Administrator: _____

Appeal contact at the parish

Name: _____

Email: _____

Phone: _____

Please assign us a missionary from among those applying to you.

If possible, please assign us the following missionary (religious order or diocese):

The missionary order or diocese must meet the diocesan requirements. See the process and regulations on the website.

Name of organization: _____

Contact person: _____

Address: _____

Email: _____

Phone: _____

I would prefer to have an appeal made by our resident Missionary Priest on behalf of his Missionary Order/Diocese.

Name of priest: _____

Name of Superior: _____

Address of Superior: _____

Priest Signature: _____ Date: _____

Mail this form to:

Deacon Chuck Kincaid
Diocesan Mission Office, Director
Diocese of Kalamazoo
215 N. Westnedge Avenue
Kalamazoo, MI 49007

Or email to

pontificalmissions@diokzoo.org



DIocese of Kalamazoo

