Mission Cooperation Plan (MCP) Application Pontifical Mission Societies

Archdiocese of New Orleans, Louisiana USA
2000 Lakeshore Drive, UNO Newman Center, New Orleans, LA 70148
(504) 527-5774 • pof@arch-no.org • www.archnomo.org

PLEASE PRINT OR TYPE

Diocese/Co	ongregation:					
Country:						
Bishop:						
Address:						
Phone: ((Please inc) clude country	code & area code)		:		
E-mail:						
Are you loo	cated in the A	Annuario Pontificio? (C	check one) Yes	No	Page & diocese:	
1. Has your	(arch)dioces	se ever been included	in the MCP of the A	Archdioce	ese of New Orleans?	
(Check one)	k one) Yes No If yes , indicate exactly which years:					
2. U.S. Mis	sion Director/	/Contact Person:				
Name:						
Address:			City/State/Zip			
Phone:						
3 Please r	orovide name	e, cell phone and e-ma	ail of the speakers w	ho will m	ake vour appeals	
_		, oon phone and o me	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and your appeals.	
ореакег т						
Speaker 2: ₋						
Speaker 3: ₋						
4. Do you ha	ave any lay o (Check one)	or religious missionarie Yes	es living within the A No	rchdioces	se of New Orleans?	

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PLEASE PRINT OR TYPE

A. Which specific projects/programs:
B. Who will directly benefit from these funds?

5. Deadline for this form is **October of current year. MAIL TO:** Mission Cooperation Plan, Pontifical Mission Societies, Archdiocese of New Orleans, UNO Newman Center, 2000 Lakeshore Drive, New Orleans, LA 70148 USA e-mail: pof@arch-no.org

PLEASE NOTE!

Receipt of this application does NOT indicate acceptance in the MCP. It is to your benefit in making an appeal if your representative speaks fluent English. *This individual should also be able to drive and rent a car if necessary as public transportation is not available to most locations.*

If you are accepted into MCP in the Archdiocese of New Orleans, an original Letter of Good Standing from the Diocesan Bishop, for every individual assigned to speak, must be mailed to the Pontifical Mission Societies Office. This letter should be on letterhead.