



The Society for the Propagation of the Faith
Mission Office
Department of Parish Vitality and Mission
3525 South Lake Park Avenue
Chicago, IL 60653
tel. 312.534.3322 fax 312.534.1599
WeAreMissionary.org

DESIGNATED MISSION SUPPORT PAYMENT METHOD

Please have this form filled out and authorized by the bishop/superior/director or financial administrator.

Payment by Check

A check may be prepared only for a U.S. contact who does NOT have a visitor's visa. The check MUST be cashed or deposited within the U.S. U.S. contacts are responsible to forward funds to the mission cause.

U.S. Contact Name: _____

Check made payable to: _____

Memo/Mission Cause: _____

Street Address: _____

City, State & Zip code: _____

Bishop or Financial Administrator Signature: _____

Payment by Wire Transfer

Please fill this section out **in its entirety** in order to complete a wire transfer.

Recipient Name: _____

Recipient Nickname: _____

Address 1: _____

Address 2: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Message to Recipient: _____



Pontifical Mission Societies:
Society for the Propagation of the Faith
Missionary Childhood Association
Society of St. Peter Apostle
Pontifical Missionary Union



Recipient Bank Information

Bank Routing No. (Int'l SWIFT Code): _____

Bank Name: _____

Bank Address 1: _____

Bank Address 2: _____

City: _____ State/Province/Region: _____

Postal Code: _____ Country: _____

Recipient Account Number: _____

Message to Recipient Bank: _____

Contact for bank/transfer information:

Name: _____

Title: _____

Phone number: _____

Email address: _____

Bishop or Financial Administrator Signature: _____