



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

MISSION SUPPORT PAYMENT METHOD

This form must be completed either in the "Payment by Check" or the "Payment by Wire Transfer" section. Please have this form authorized by the appropriate bishop, religious superior, executive director or designated financial administrator.

Request Type: Mass Stipends Project Support

Requesting Organization: _____

Payment by Check

The mission support check must be cashed or deposited within the United States. The recipient may be a U.S. charity or organization. A check may not be prepared for a contact who is on a visitor's visa.

U.S. Recipient Name: _____

Check made payable to: _____

Memo/Mission Cause: _____

Street Address: _____

City, State & Zip code: _____

Bishop/Superior/Director or Financial Administrator Signature (with seal):

Payment by Wire Transfer

Recipient Bank Information

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

Bank Name: _____



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



Bank Address 1: _____

Bank Address 2: _____

City: _____ State/Province/Region: _____

Postal Code: _____ Country: _____

Recipient Account Number: _____

(If in India) IFSC Code: _____

Message to Recipient Bank: _____

Recipient Organization Information

Recipient Name: _____

Address 1: _____

Address 2: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Message to Recipient: _____

Best contact for account information at recipient organization:

Name/Title: _____

Phone number: _____

Email address: _____

Bishop/Superior/Director or Financial Administrator Signature (with seal):
