



PARISH PREFERENCE FORM

2019 Summer Mission Cooperation Plan

In preparation for next summer, please indicate your preferences for hosting a missionary visitor. Fax, email or mail this form no later than **December 31, 2018**.

Parish Name: _____

Address: _____

Pastor Name: _____

Best Email Contact: _____

Email Contact Name (if not pastor): _____

Check all preferences for your missionary visitor:

Type

- No Preference
- Priest
- Religious Sister/Brother
- Lay Missionary
- Specific Organization(Indicate below)

Language(s)

- English Only
- English/Spanish
- English/Polish
- English/Polish/Spanish
- Other Language(s): _____

Name of Organization: _____

Contact Person: _____

Address/Phone: _____

Email: _____

Send this form by:

Mail: Mission Office Appeals Coordinator, 3525 South Lake Park Avenue, Chicago, IL 60653

Email: missions@archchicago.org

Fax: 312.534.1599