

PARISH PREFERENCE FORM

2020 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, 2019.**

Parish Name: _____

Church Sites (if applicable): _____

Street Address and City: _____

Web Address (if applicable): _____

Pastor/Administrator: _____

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): _____

Specific Organization Request

Name of Organization: _____

Contact Person: _____

Address/Phone: _____

Email: _____

How many collection envelopes should we send?

English envelopes: _____

Spanish envelopes: _____

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