

Evaluation

2023 Missionary Cooperation Plan

Once your parish or church has completed your engagement with the assigned mission cause, please take a moment to inform the Global Mission Office about your experience.

	Parish Name:					
	Address and C	ity:				
Missionary Cause (include speaker name if possible):						
	Appeal Date:					
1.	Please rate the				nate the mission appeals.	
	Poor	2	3	4	5 Excellent	
	Comments:					
2.	Please rate how	w your missic	on cause comr	nunicated with y	ou and coordinated the appeal.	
	1 Poor	2	3	4	5 Excellent	
	Comments:					
3.	Please rate the	e behavior of	the missionary	y appeal speaker	as a guest.	
	1 Poor	2	3	4	5 Excellent	
4.	Please rate the	2 mission spe	aker's appearr 3	nessage. 4	5	
	Poor		2	,	Excellent	
	Comments:					

Return this form to the Global Mission Office by post at: 3525 South Lake Park Avenue Chicago, IL 60653 or by email: **missions@archchicago.org**.

