

# 2024 Arrangements Form Missionary Cooperation Plan

Archdiocese of Milwaukee

**Name of Your Group:**  **Group Number:**

**As per your Mission Group Agreements, you must complete all sections of the chart below for your appeals:**

- Parish name and city, the date of the appeal at each parish, the name of the person doing each appeal, the name and/or role of the person at the parish with whom arrangements were made, and the date the parish was contacted).
- **Mission groups cannot bring their own envelopes to the parish.** Our office will provide MCP Envelopes to parishes for the collection of funds. Parishes have already provided the number of envelopes needed.
- Suitability letters for each person making appeals must be received and accepted by our office before that person can make the appeal.

Parish Name	Parish City	Appeal Date	Name/Role of person with whom you spoke at the parish	Date of Parish Contact	Name of the person who will make the appeal

Send appeal information as soon as possible. **This completed form must be received by our office or submitted online no later than June 1.** If you are having difficulty contacting a parish or setting a date, please send information on the successfully scheduled parishes **and** contact us at 414-758-2283 about any issues *before the due date.*

Mail your completed form to:  
**Society for the Propagation of the Faith,  
 Mission Cooperation Plan, MCP  
 PO Box 070912  
 Milwaukee, WI 53207-0912, U.S.A.**