



MCP Twinning or Requested Group Appeal Arrangement Form

Society for the Propagation of the Faith, Archdiocese of Milwaukee

Please indicate when your mission appeal will take place and who will be giving the appeal.

1. Parish(es) Names:

2. Mission Group Name and Number:

3. Mission Appeal Date(s):

4. Name of the Person Giving the Appeal:

5. The person giving the appeal (named in Question 2) is:

- A parish staff member or parishioner
- A representative from the mission group.

Suitability Letter Requirement:

If the appeal is being made by someone outside of your parish community, a **suitability letter** for this person must be submitted before the appeal. Sample suitability letters are available under the [Resources for Missionaries and Mission Groups](#) on the MCP webpage.

6. All appeals are subject to the 90%/10% split.

- We will handle the funds and submit the 10% to the World Mission Office
- We will send 100% of the collection to the World Mission Office to disburse correspondingly

7. If the World Mission Office will disburse the funds, please provide the following information:

1. Make check payable to 2. Institution's U.S. mailing address.

8. Please sign by typing your name, email, and phone number.

9. **PRINT FORM AND MAIL TO:**
Society for the Propagation of the Faith
MCP 2023
P.O. Box 0709121
Milwaukee, WI 53207

OR

DOWNLOAD, SAVE FORM, AND EMAIL TO:
wmo@archmil.org