

MISSIONARY COOPERATION PLAN 2011
ARCHDIOCESE OF NEW ORLEANS

Date _____

Enclosed is a parish check in the amount of \$ _____ covering the appeal made under the Missionary Cooperation Plan of the Archdiocese of New Orleans, on the weekend of _____ for the following mission group: _____.

The appeal was made by: _____
Missionary Speaker/Presenter

Authorized Signature: _____
Pastor/Administrator

Church: _____

Address: _____

City: _____

Phone: _____

MAIL THIS FORM, YOUR EVALUATION AND YOUR PARISH CHECK

MADE PAYABLE TO:

*The Society for the Propagation of the Faith
1000 Howard Avenue, Suite 1213
New Orleans, LA 70113*

PONTIFICAL MISSION SOCIETIES
MISSIONARY COOPERATION PLAN 2011
ARCHDIOCESE OF NEW ORLEANS

EVALUATION FROM PASTOR

CHURCH/PARISH: _____

DATE OF APPEAL: _____

APPEAL MADE BY: _____
(NAME OF DIOCESE OR RELIGIOUS ORDER)

1. WAS THE HOMILY (OR PRESENTATION) TO THE PARISHIONERS ADEQUATE?

2. WERE THERE ANY COMMENTS FROM THE PARISHIONERS OR PARISH COUNCIL REGARDING THE APPEAL?

3. IS THE MISSIONARY COOPERATION PLAN A SOURCE OF EDUCATION FOR YOUR PEOPLE?

4. WAS THE MISSIONARY SENSITIVE IN REGARDS TO THE PARISH MASS SCHEDULE?

5. ARE THERE ANY SUGGESTIONS YOU WISH TO MAKE FOR THE FUTURE OF THIS PROGRAM?

AUTHORIZED SIGNATURE