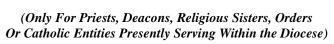


Mission Integration and Engagement

DIOCESE OF ORLANDO, FLORIDA MISSIONARY COOPERATIVE PLAN

2024 INTERNAL DIOCESAN APPLICATION FORM





Regrettably, we generally cannot re-approve Mission Co-Op participants who have visited us within the last 5 years

Name of Group Requesting Particip	pation:		
Mailing Address			
	Fax Number		
Name of Contact Person in United S Address:			
	E-mail Address		
Orlando or one of our parishes?	ther or religious entity serving within or	Yes	No
Does your Bishop, Superior or Paste Name of your native Bishop, Superi	or support your application? ior or Pastor supporting app?	Yes	No
What specific countries/areas of the	e world does your community or entity s	erve:	
How will the funds collected be used	d?		
Has your group participated in our Yes No (If so, when?)	Diocesan Mission Co-Op Program with	in the last 4 year	rs?