MISSION COOPERATIVE PLAN
THE SOCIETY FOR THE PROPAGATION OF THE FAITH
Diocese of Oakland
2121 Harrison Street, Suite 100, Oakland, CA 94612-3741
Telephone: 510-267-8337 • FAX: 510-446-7429 • Email: spof@oakdiocese.org

All Parishes are to remit their Parish Collection Check along with this MANDATORY Form to the Propagation of the Faith Office at the above address within 30 days after your Mission Appeals Thank you.

MISSION APPEALS VERIFICATION FORM

Name of Mission Group: __________________________

Name of Mission Speaker: _________________________

Appeal Dates: SAT. ____________________________ SUN. ____________________________

FUNDs COLLECTED

Parish Name & City: ____________________________

*Parish Check Amt: $ __________ Parish Check Date: __________ Parish Check No: __________

*Includes Parishioner Checks Payable to the Parish – Total Amt. $ __________  *CASH Collected: $ __________

Parishioner Checks Payable “The Society for the Prop of the Faith” – Total $ __________ # of Checks: __________

CHECK PAYABLE TO: The Society for the Propagation of the Faith Please CHANGE your MEMO Line to "Mission Coop Plan or "MCP"

PARISH RECOMMENDATIONS FOR IMPROVEMENT

Your positive and/or negative feedback is important to the ongoing success of the annual Mission Appeals. Without your input we do not know if any changes or improvements need to be made. Or if a Speaker did not follow the Diocesan Procedures we will not invite them back. Your name will not be disclosed. If additional space is needed use the back of this form or please call the SPOF Mission Office at (510) 267-8337.

1. Did the Parish receive materials from the Mission Speaker for advance publicity or for the Church Bulletin to promote the Mission Appeals? Yes________ No________

2. Was there a change in Speaker? Yes________ No________

3. Did Speaker attend all scheduled masses? Yes________ No________

4. Does your assigned Speaker need to be bilingual? Yes________ No________

If yes, please write the name of language here__________________________

5. Please let us know if you have a Speaker preference? Religious Sister _____ Brother _____ Lay Person _____ Priest _____ Deacon _____ No Preference ____________

6. On a scale of 1 to 5, with 5 being the best please give us your opinion on your Speaker.

   Conveyed the Gospel Message 1 2 3 4 5
   Promoted Mission Awareness 1 2 3 4 5
   Parishioners were receptive to the Message 1 2 3 4 5

Form Revised 01/31/19

Completed By: ____________________________