

ST. JOSEPH APPEAL REQUEST FORM

Name of Organization:

Address:

Organization's Website (if one exists):

Contact Person:

Phone Number (of Contact):

Email Address (of Contact):

Nature/Purpose of Appeal:

Will donations be requested?

Will goods or services be offered for sale?

Will you require an opportunity to address the congregation?

(If so and your request is approved, you must submit a script of your planned statement in writing --no more than 1-2 minutes in length--to Saint Joseph Church at 105 Harrison St., New Milford, NJ 07646 at least two weeks before the approved date.)

Weekend Requested for Appeal (Masses at Saint Joseph are Sat. at 5:00 pm; Sunday at 7:30 am, 9:00 am, 10:30 am and 12 noon.)

PLEASE GIVE 3 POSSIBLE DATES

Last Time (if any) your Organization made an appeal request at Saint Joseph Church:

Any additional information you'd like to offer: