ITALIAN CATHOLIC FEDERATION

APPOSTOLATE CHARITY REPORT

2015

JULY 1, 2014 THRU JUNE 30, 2015

ALL BRANCHES: Please submit this report by July 15th to:

I.C.F. CENTRAL OFFICE
8393 CAPWELL DRIVE, SUITE 110
OAKLAND, CA 94621
(510) 633-9058 ● Toll Free 1-888-423-1924
Web Site: www.icf.org ● E-mail: info@icf.org

District:___________________________    Br.#/City:__________________________________________
Br. President:_______________________    Phone: (          )_______________________________
Apostolate Chairman:_________________    Phone: (          )_______________________________
Diocese of:__________________________

Number of Members as of June 30th:  

[ ]
PART I. (For information only)

1. Did your Branch submit an Apostolate-Charity report last year?………………………………………………YES □  NO □

2. Does your Branch have an Apostolate Chairman?………….......YES □  NO □

3. Is an Apostolate report given at each monthly meeting?…………YES □  NO □

4. Does the Branch Chaplain attend most of the monthly meetings?………………………………………………YES □  NO □

5. Is it the policy of your Branch to attend Mass together?
   a. Monthly…………………………………………………..YES □  NO □
   b. Quarterly……………………………………………….YES □  NO □
   c. Semi-Annually……………………………………..YES □  NO □
   d. Annually…………………………………………….YES □  NO □

6. Do your members, as a Branch, recite the rosary or pray for special intentions?………………………………………………..YES □  NO □

7. Does your Branch offer Mass for deceased members?…………YES □  NO □

8. Does your Branch attend Branch/District sponsored:
   a. Retreats…………………………………………………..YES □  NO □
   b. Pilgrimages……………………………………………..YES □  NO □
   c. Day or Night of Recollection………………………YES □  NO □

9. Did your Branch attend Bishop’s Day last year?………………YES □  NO □

10. Did your Branch sponsor a special religious event during this past year?……………………………………………..YES □  NO □
    If yes, what event? 

11. Is there an Italian Mass in your area?…YES □  NO □  When/Where?_________________________________________

12. Please attach an explanation of examples of your Apostolate Works in the community and include pictures if possible. This will allow us to share this information with other Branches.
PART II. CHARITY DONATIONS

PLEASE NOTE THE FOLLOWING:

(A) ONLY MONETARY DONATIONS (CASH OR CHECKS) MAY BE REPORTED
(B) ALL REPORTED DONATIONS MUST GO THROUGH THE BRANCH TREASURY
(C) PLEASE ENTER TOTAL AT THE END OF THE COLUMN

1. DONATION RECIPIENT_____________________________  AMOUNT___________
   
2. DONATION RECIPIENT_____________________________  AMOUNT___________
   
3. DONATION RECIPIENT_____________________________  AMOUNT___________
   
4. DONATION RECIPIENT_____________________________  AMOUNT___________
   
5. DONATION RECIPIENT_____________________________  AMOUNT___________
   
6. DONATION RECIPIENT_____________________________  AMOUNT___________
   
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9. DONATION RECIPIENT_____________________________  AMOUNT___________
   
10. DONATION RECIPIENT_____________________________  AMOUNT___________
    
11. DONATION RECIPIENT_____________________________  AMOUNT___________
    
12. DONATION RECIPIENT_____________________________  AMOUNT___________
   
   TOTAL: ____________________
IGNEM VENI MITTERE