ITALIAN CATHOLIC FEDERATION

APPOSTOLATE CHARITY REPORT

2019

JULY 1, 2018 THRU JUNE 30, 2019

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

I.C.F. 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 Chairperson:_______________________    Phone: (          )_______________________________

Diocese of:___________________________________

Number of Members as of June 30th:

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[Logo]
APOSTOLATE CHARITY REPORT

PART I. (For information only).

1. Did your Branch submit an Apostolate/Charity report last year?  
   YES □  NO □  
   If no, why not? ____________________________________________

2. Does your Branch have an Apostolate Chairperson?  
   YES □  NO □  
   Name of Chairperson _________________________________________

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

4. Does the Branch Chaplain attend many of the meetings?  
   YES □  NO □

5. Is it customary for your Branch to attend Mass together?  
   YES □  NO □  
   Monthly _____ Quarterly _____ Semi-Annually _____ Annually _____

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 contribute to the Providenza Seminary Fund?  
   YES □  NO □

9. Does your Branch attend Branch/District sponsored:  
   YES □  NO □
   Retreats _____ Pilgrimages _____ Day/Night of Recollection _____
   Other Special Event (s) _____________________________________

10. Did your Branch attend Bishop’s Day last year?  
    YES □  NO □  
    About how many persons attended? __________

    Please estimate about how many of your members perform the following duties:

    Mass Greeters_____ Lectors_____ Eucharistic Ministers_____  
    Ushers_____ Choir Members_____ CCD_____  

    Other Services (such as making lap robes, serving at soup kitchens, etc.)
    _____________________________________________________________________
    _____________________________________________________________________
    _____________________________________________________________________
    _____________________________________________________________________
    _____________________________________________________________________


CHARITY DONATIONS

PART II.

PLEASE NOTE THE FOLLOWING:

(A) Only Monetary Donations may be reported.
(B) All reported donations must go through the Branch Treasury.
(C) Please enter the total at the end of the column.
(D) Acceptable donations include donations to I.C.F. Charities, Parish Charities and/or Community Charities.

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