ITALIAN CATHOLIC FEDERATION

APOSTOLATE 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: ___________________________
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.

1. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

2. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

3. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

4. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

5. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

6. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

7. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

8. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

9. DONATION RECIPIENT_____________________________ AMOUNT___________
   ____________________________________________________________

10. DONATION RECIPIENT_____________________________ AMOUNT___________
    ___________________________________________________________

11. DONATION RECIPIENT_____________________________ AMOUNT___________
    ___________________________________________________________

12. DONATION RECIPIENT_____________________________ AMOUNT___________
    ___________________________________________________________

   TOTAL: ___________