

ITALIAN CATHOLIC FEDERATION

APOSTOLATE CHARITY REPORT

2020

JULY 1, 2019 THRU JUNE 30, 2020

ALL BRANCHES: Please submit this report by **July 7th** 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:

