ITALIAN CATHOLIC FEDERATION

APPOSTOLATE 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:
   __ Date/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: ____________________________