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:    

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[Logo Image]
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: ____________________________