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]
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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TOTAL: