ITALIAN CATHOLIC FEDERATION

APOSTOLATE CHARITY REPORT

2022

JULY 1, 2021 THRU JUNE 30, 2022

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
   How many meetings: ______

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_____ Sacristans_____ Ushers_____ Choir Members_____ CCD Teachers_____ Deacons_____ Other Services (such as making lap robes, serving at soup kitchens, etc.)
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________
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___________
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    ___________________________________________________________________
11. DONATION RECIPIENT_____________________________  AMOUNT___________
    ___________________________________________________________________
12. DONATION RECIPIENT_____________________________  AMOUNT___________
    ___________________________________________________________________

TOTAL:  
