ITALIAN CATHOLIC FEDERATION

APOSTOLATE CHARITY REPORT

2023

JULY 1, 2022 THRU JUNE 30, 2023

ALL BRANCHES: Please submit this report by July 7, 2023 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 30:

□
## 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: ___________________________