

ITALIAN CATHOLIC FEDERATION

APOSTOLATE CHARITY REPORT

2026

JULY 1, 2025 THRU JUNE 30, 2026

ALL BRANCHES: Please submit this report by **July 15, 2026** 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? If no, why not? _____	YES	NO
2. Does your Branch have an Apostolate Chairperson? Name of Chairperson _____	YES	NO
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: Retreats Pilgrimages Day/Night of Recollection Other Special Event (s) _____	YES	NO
10. Did your Branch attend Bishop's Day last year? About how many persons attended? _____	YES	NO

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:

