

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](http://www.icf.org) • E-mail: [info@icf.org](mailto: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?<br>If no, why not? _____   | YES | NO |
| 2.  | Does your Branch have an Apostolate Chairperson?<br>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?<br><br>Monthly      Quarterly      Semi-Annually      Annually                             | YES | NO |
| 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:<br><br>Retreats      Pilgrimages      Day/Night of Recollection<br>Other Special Event (s) _____ | YES | NO |
| 10. | Did your Branch attend Bishop's Day last year?<br>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:

