

# FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Charles Gait Membership Number: 4685491

Council Number: 12524 Date(s) of Program 5 / 13 / 2023 to 5 / 14 / 2024

State / Province: MD

1	Faith	Family	Community	Life
	<input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary <input type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input type="checkbox"/> Family of the Month <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion <input type="checkbox"/> Food for Families <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest <input type="checkbox"/> Coats for Kids <input type="checkbox"/> Global Wheelchair Mission <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs <input type="checkbox"/> March for Life <input type="checkbox"/> Special Olympics <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other

If Other, Program Name: Flowers for Mothers on Mother's Day

2 Volunteers:  $\frac{6}{\text{Members}} + \frac{\quad}{\text{Non-Members}} = \frac{6}{\text{Total Volunteers}}$        $\frac{6}{\text{Total Volunteers}} \times \frac{1}{\text{Hours (Per Person)}} = \frac{6}{\text{Total Volunteer Hours}}$

Participants (Non-Volunteer): \_\_\_\_\_ Was your Pastor present?  Yes  No

Program Planning:  $\frac{148}{\text{Cost}}$  &  $\frac{1}{\text{Time (Hours)}}$  Members Recruited: \_\_\_\_\_ Donations: \_\_\_\_\_  
Local Currency

3 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? 5

4 What information or feedback would you like to share about your program? (To share more success stories, visit [kofc.org/knightsinaction](http://kofc.org/knightsinaction))

The Knights handed out over 250 carnations to all of the mothers that attended Mass during Mother's Day weekend. It was well received by all who were in attendance.

