

# 2024 Catholic Action Report

Please complete this form to record your Catholic Action activities for calendar year 2024 by 1/31/2025.

\* Indicates required question

## 1. Email \*

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## 2. Please mark any of the **Church** activities below that apply

*Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Special Intention Masses CCD     | <input type="checkbox"/> Eucharistic       |
| <input type="checkbox"/> Choir                            | <input type="checkbox"/> Minister Lecturer |
| <input type="checkbox"/> Adopt a Family                   | <input type="checkbox"/> Usher/Greeter     |
| <input type="checkbox"/> Supporting Local Catholic School | <input type="checkbox"/> Group Rosary      |
| <input type="checkbox"/> Pro-Life Activities              | <input type="checkbox"/> Retreats          |

## 3. Please mark any of the **Community** activities below that apply.

*Check all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Food Bank Donations                   | <input type="checkbox"/> Transportation for the Sick/Elderly |
| <input type="checkbox"/> Food Bank Volunteer                   | <input type="checkbox"/> Adopt A Family                      |
| <input type="checkbox"/> Walk/5Ks for Charity                  | <input type="checkbox"/> Pregnancy & Child Program Support   |
| <input type="checkbox"/> Shelter Support (any type of shelter) | <input type="checkbox"/> Back to School Backpack Programs    |
| <input type="checkbox"/> Nursing Home Visits                   | <input type="checkbox"/> Clothing Drives                     |

## 4. Please mark if you provided a donation for any of the **National Catholic Action Charities**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Project St Patrick | <input type="checkbox"/> Humanitarian Fund | <input type="checkbox"/> SOAR! |
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5. Any other activities not listed above that you would like to include.

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6. 2024 Deceased Members

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7. Name of Person Completing Form \*

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8. State \*

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9. County (if applicable)

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10. Division Number and Name \*

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