Fraternal Programs Report Form

Reporting Officer Name: Christopher Szalkowski **Membership Number:** 5498385

Council Number: 12524 **Date(s) of Program** 9 / 1 / 2025 **to** 9 / 30 / 2025

State / Province: MD

1

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

If Other, Program Name: _____

2

Participants including Volunteers: 1

Members Recruited: 0

3 **To earn a grant through this program, the online ASAP Grant Application Form must be completed (accessed in OO or at kofc.org/fiaforms).**

What type of organization did your council support? Pregrancy Center

Donations: 0

4

Did you meet feature program requirements? ☒ Yes ☐ No

Please describe your program/event:

12 hours of volunteer work at the Columbia Pregnancy Center, Columbia MD