

FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Christopher Szalkowski Membership Number: 5498385

Council Number: 12524 Date(s) of Program 7 / 18 / 2025 to 7 / 18 / 2025

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 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 <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input checked="" type="checkbox"/> Pregnancy Center Support/ASAP <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 Initiative <input type="checkbox"/> Other

If Other, Program Name: _____

2 Participants including Volunteers: 6

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? Pregnancy Center

Donations: 100

4 Did you meet feature program requirements? ☐ Yes ☒ No

Please describe your program/event:

Provided support to a District Bingo event to raise funds to purchase a sonogram machine for the Columbia Pregnancy Center in Columbia, Maryland. Coordinated with 5 District 21 Councils. Event raised in excess of \$10,000.

