



KNIGHTS OF COLUMBUS ANNUAL SURVEY OF FRATERNAL ACTIVITY

For Twelve Month Period Ending December 31,



Council Number _____ **Location** _____
city/town state/province

I. NUMBER OF MEETINGS HELD DURING YEAR:

- 1. Regular _____
- 2. Social _____
- 3. Special _____

TOTAL NUMBER OF MEETINGS HELD _____

Youth Activities

DOLLARS ONLY:

- 3. a. Columbian Squires _____
- b. Scouting _____
- c. Youth Groups _____
- d. Youth Welfare/Services _____
- e. Athletics _____
- f. Scholarships/Education _____
- g. Miscellaneous _____

Total Youth Disbursements _____

TOTAL CHARITABLE (CHURCH, COMMUNITY, YOUTH) DISBURSEMENTS _____

II. ACTIVITY EXPENSE

DOLLARS ONLY:

- 1. a. Printing and Postage _____
- b. Food and Refreshments _____
- c. Prizes _____
- d. Projects _____
- e. Entertainment _____
- f. Miscellaneous _____

TOTAL ACTIVITY EXPENSES _____

IV FRATERNAL COMMITMENT:

- 1. Number of visits to:
 - a. Sick _____
 - b. Bereaved _____

Total Visits _____

- 2. Number of blood donors _____

Estimated hours of volunteer service:

- 3. a. Church _____
- b. Community _____
- c. Youth _____
- d. Miscellaneous _____

Total Volunteer Hours _____

Estimated hours of fraternal service:

- 4. Sick/disabled members and their families _____

III. CHARITABLE DISBURSEMENTS:

Church Activities

DOLLARS ONLY:

- 1. a. Church Facilities _____
- b. Catholic Schools _____
- c. Religious Education _____
- d. Seminarians/RSVP _____
- e. Seminaries _____
- f. Vocations Projects _____
- g. Miscellaneous _____

Total Church Disbursements _____

Community Activities

DOLLARS ONLY:

- 2. a. Elderly _____
- b. Physically Disabled _____
- c. Special Olympics _____
- d. Mentally Retarded _____
- e. Human Needs _____
- f. Pro-Life Programs _____
- g. Victims of Disasters _____
- h. Hospitals/Institutions _____
- i. Health and Service Organizations _____
- j. Communitywide Projects _____
- k. Miscellaneous _____

Total Community Disbursements _____

(Grand Knight) _____
(Name) (Membership No.)

Date: _____ (Financial Secretary) _____
(Name) (Membership No.)

SUBMIT ORIGINAL ORIGINAL TO: Supreme Council Department of Fraternal Services.

SEND COPIES TO: State Deputy, District Deputy, Council File.