

Fraternal Programs

Report Form

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

Council Number: 12524 **Date(s) of Program** 2 / 12 / 2026 to 2 / 26 / 2026

State / Province: MD

1	FAITH	FAMILY	COMMUNITY	LIFE
	<input type="checkbox"/> ¡Viva Cristo Rey! <input type="checkbox"/> Imitating St. Juan Diego <input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon <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"/> Quinceañera Support <input type="checkbox"/> Remembering Our Faithful Departed <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"/> Celebrating Our Catholic Heritage <input type="checkbox"/> Bright Futures <input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer/Hockey 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"/> Gospel of Life <input type="checkbox"/> Holy Hour for Life with Our Lady of Guadalupe <input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input 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 <input checked="" type="checkbox"/> Other

If Other, Program Name: Volunteer at the Columbia Pregnancy Center

2 Participants including Volunteers: 1

Members Recruited: 0

3 Total Volunteer Hours: 9

Donations: 0

4 Did you meet feature program requirements? Yes No

Please describe your program/event:

Volunteer support to the Columbia Pregnancy Center. Greet clients, maintain records and files, assist clients in selecting supplies from the boutique at the center.

