



Catholic Daughters of the Americas®



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September 2017

Worthy Circle of Love Chairman,

I want to personally thank you for accepting the challenge and the position of Court Chairman for the Circle of Love Program in your state for 2016 – 2018.

Attached please find a copy of the newly revised and updated forms. Please be sure to ask your Regent for the name and address of the State Chairman to place on the form.

Please note the following guidelines for reporting on these forms:

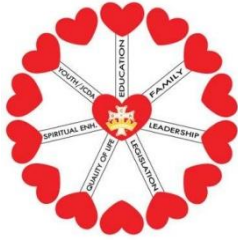
- You should consider filling in the report from the one-year period of March 1, 2016 to February 28, 2018.
- As court chairman please select the **ONE** most outstanding event in your specific area of the Circle of Love your court participated in or accomplished that is unique and send to the state for consideration and recognition. Be sure to include a completed cover sheet, "**LOCAL Chairman to State Chairman.**"
- In addition to mailing it to the State Chairman, please keep a copy of the cover sheet and entry for your court files.

Please encourage your courts to participate in this aspect of the Circle of Love Program.

Thank you for your dedicated service to our organization and to our Church through the Catholic Daughters of the Americas.

In Unity and Charity,

Helene Shepard,
National Regent



Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

EDUCATION

March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Regent _____ **Local Chair** _____

Number of Members _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

STATE CHAIR:

Name _____ **Email** _____

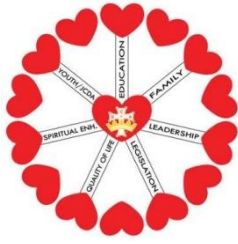
Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Education** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report.
We suggest that you keep a copy to pass on to the next chairman.



Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

FAMILY

March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Regent _____ **Local Chair** _____

Number of Members _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

STATE CHAIR:

Name _____ **Email** _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Family** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

LEADERSHIP

March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Regent _____ **Local Chair** _____

Number of Members _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

STATE CHAIR:

Name _____ **Email** _____

Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Leadership** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

LEGISLATION

March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Regent _____ **Local Chair** _____

Number of Members _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

STATE CHAIR:

Name _____ **Email** _____

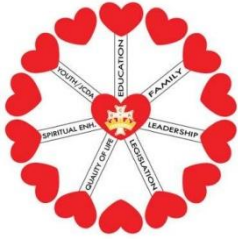
Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Legislation** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

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Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

QUALITY OF LIFE

March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Regent _____ **Local Chair** _____

Number of Members _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

STATE CHAIR:

Name _____ **e-mail** _____

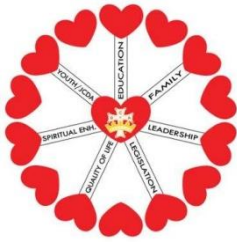
Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Title of the Project _____

Describe **fully ONE project** in the **Circle of Love** program for **Quality of Life** done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.



Catholic Daughters of the Americas®
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

SPIRITUAL ENHANCEMENT

March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Regent _____ **Local Chair** _____

Number of Members _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

STATE CHAIR:

Name _____ **Email** _____

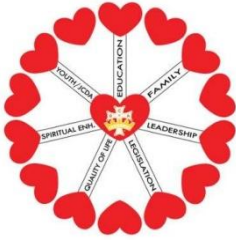
Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____

Title of the Project _____

Describe fully ONE project in the Circle of Love program for Youth done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report.
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**Catholic Daughters of the Americas
CIRCLE OF LOVE REPORTING FORM**

Local Court to State Chairs

YOUTH/JCDA

March 1, 2016– February 28, 2018

Court Name _____ Number _____

Regent _____ Local Chair _____

Number of Members _____ Email _____

Address _____

City _____ State _____ Zip _____

Local Court Chair: Please fill out this form (Print/Type) and **mail by March 15, 2018** to:

CO-STATE CHAIRS:

Name _____ Email _____

Address _____ City _____

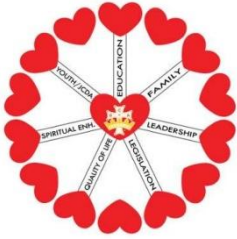
State _____ Zip _____ Phone _____

PART I- YOUTH:

Title of the Project _____

Describe fully ONE project in the Circle of Love program for Youth done by your court this past year. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman



Catholic Daughters of the Americas
CIRCLE OF LOVE REPORTING FORM
Local Court to State Chair

YOUTH/JCDA (part 2)
March 1, 2016– February 28, 2018

Court Name _____ **Number** _____

Part II: JCDA

1. Does your court sponsor a Junior or Juniorette court?
2. If you answered no to the above question, are you planning on starting one soon? Please include details.
3. If you answered yes, please answer the following questions.
4. What is the name of the Junior Court and how many members are in the court?
5. What is the name of the Juniorette court and how many members are in the court?

Describe **ONE outstanding** project from the **Junior or Juniorette Court**. What was the goal for the activity? How many were involved? What impact did the activity have on your court, parish, or community?

Title of the Project _____

Please use the back of this page or additional sheets if necessary. Thank you for completing this report. We suggest that you keep a copy to pass on to the next chairman.