



**MSGR. FRANCIS X. COYLE COUNCIL
COLUMBIETTES
SPRINGFIELD, NEW JERSEY**

VOLUME 149

173

April 2009

Monthly Dinner Meat loaf

APRIL 15, 2009

6:00 pm

First Degree

7:00

Tricky Tray

After meeting

MEETINGS: The Columbiettes meet the 3rd Wednesday of each month, September through June. We meet at 7:30 p.m. unless otherwise noted.

SUNSHINE & WELFARE:

Kathy Valente Father in law passed away
Pam Circelli mother ill

Mary Aracadipane Grandmother

Please continue to pray for all our Sister Columbiettes, Brother Knights, their families and men and women serving in the military. Pray for Margaret Sanfelice and also Elsie Christian son and their special intentions.

We ask that you or a friend/family contact *Joyce Massimino* at 973-992-8407 or *Fran Corcione* at 908-709-4395 if members are ill, hospitalized, births, special anniversaries. Contact Imelda Murray 973-467-1162 if a member has passed. She should be advised if the family requests an Honor Guard. If Sunshine is not aware of an illness etc. Sunshine will be unable to send an acknowledgement to the individual or family or be remembered in the newsletter.

MEMBERSHIP DUES - 2009

Membership dues are now due. \$20.00 per year can be paid at our regular meeting or can be mailed directly to Kathy Valente, 34 Stockton Road, Summit N.J. 07901 Members paying their dues by mail and who want their travel card mailed are asked to include a stamped self-addressed envelope. Thank you.

CHARITY: Springfield Hope is our charity this year.

NOMINATIONS:

Nominations for next years' board of officers will be presented at our April meeting. We will vote at our May meeting. Installation of new officers will be in June. If you would like to be included in the nomination, please contact Kathy Valente at 908 277-0475.

HOSPITALITY: WE NEED THREE DIFFERENT WOMEN TO BAKE & CLEAN UP AT THIS MEETING. PLEASE CALL ME AT 908-709-4395 I WILL PUT ON COFFEE AND TEA WATER.

10 WEEK CLUB: WE WILL START THE 10 WEEK CLUB AT THIS MEETING PLEASE PICK YOU'RE NUMBERS FROM 6:00-7:00 AT THE TABLE WHERE YOU SIGN IN.

MONTHLY DINNER: WE ARE HAVING MEATLOAF DINNER THE COST IS \$7.00 DOLLARS PLEASE CALL ME BEFORE MONDAY APRIL 13TH IF YOU ARE COMING FORE DINNER. YOU CAN BRING YOUR HUSBANDS. 908-709-4395 FRAN CORCIONE.

KNIGHTS OF COLUMBUS: ATLANTIC CITY TRIP MAY 3RD \$28.00 PER PERSON YOU GET \$30.00 DOLLARS BAC IN SLOT MACHINE VOUCHER. COFFEE AND DOUNTS WILL BE SEVERD AT 8:15 THE BUS LEAVES AT 9:00 AM FROM THE K OF C HALL. 973-376-5612 ANTHONY GRAZIANO.

CUT A THON: THE KNIGHTS ARE HAVING A CUT A THON FOR THE SPECIAL CHILDREN CHARITY THIS YEAR PLEASE POST THE ENCLOSED FLYER SOME WHERE IN YOUR TOWN OR TELL YOUR FAMILY.

BOARD MEETING: Will be held the Monday, April 13^h at 1:00 we will meet at Fran's home. If you are unable to attend, please let Fran know.

PROGRAMS: Our Auxiliary and State programs will be ending with delivery of all items to convention. Please bring items to our April and May meetings.

Stamps (please trim to ¼ inch - Sister says!!!)

School supplies – are coming in very slow

Shoe boxes

Soda tabs

Pennies

CONGRATS: Florence Carroll and Rose Pannulo was the winner of the Membership Award and they receive a free monthly dinner. So come to the meeting to see if you win.

CONVENTION: Our annual Convention will be held June 26-28at the Saddle Brook Marriot. Information for registration or reservations will be available at our meeting. We are encouraged to attend. Come for the weekend for just for the day. You ladies work so hard all year long collecting and donating, see where all your hard work goes. Join your Sister Columbiettes at the State Convention. Remember this is ANNE GRAZIANO LAST YEAR AS STATE PRESIDENT IT WOULD BE NICE IF HER SISTER COLUMBIETTES FROM HER OWN AUXILIARYCAME TO SHOW HER SUPPORT AND SAY THANK YOU FOR ALL HER HARD WORK.

EMAIL: If you would like to receive your newsletter via e-mail, please contact me at MRSC417@HOTMAIL.COM or 908-709-4395

TO: RoseMarie Nafus
New Jersey State Columbiette Memorial Fund
8 Joanne Court
Sayreville, NJ 08872

Enclosed is my check in the amount of \$ _____ for the Vocation Program. Please send card(s) to: (**Indicate;** death, birth, anniversary, birthday, graduation, First Communion, Confirmation, thank you, etc.)

Name: _____ Type of card

Mail to: _____

Signed: _____

Name

Address

Telephone