

2018 SUMMER CHARISMATIC RETREAT

Fr. Richard McAlear, OMI



“Mercy and Forgiveness —the Path to Peace and Healing”

Father McAlear, a member of the Oblates of Mary Immaculate, became involved in the Catholic Charismatic Renewal and entered into the healing ministry in 1976. His ministry and work has been offering hope, healing, love, and peace to tens of thousands of people all around the world. A long-time member of the Association of Christian Therapists, and a past director

of Our Lady of Hope Center in Newburgh, NY, Fr. McAlear’s charismatic work included healing prayer along with a strong outreach to the poor and needy. He is now assigned to devote himself full time to teaching and the healing ministry.

Father McAlear’s work is to be a “Ministry of Hope and Healing,” and his teaching gift brings “the Word of God--the Voice of Jesus Christ” to the hearts and minds of many individuals. Father feels he was called to be a priest in order to bring this message of God’s love and peace to believers who earnestly, and sometimes almost desperately, seek the “Spirit of Truth.” His teachings encourage listeners to seek holiness in life, a stronger faith, and a renewed depth of sincerity in their belief in Christ.



AUGUST 17-18-19

Friday 5:00 pm to

Sunday 1:00 pm

San Damiano Retreat Center

710 Highland Dr., Danville

Check-in opens at 5:00 pm Friday, Aug. 18.

Retreat begins with dinner at 7:00 pm and ends after lunch on Sunday (1:00 pm).

Single occupancy (includes 6 meals) \$240.

Double occupancy \$210 per person.

Sponsored by Catholic Charismatic Renewal Office, Diocese of Oakland.

For information: call CCRO, 925-828-6644.

Please include your email address on the registration form to ensure that you will receive confirmation of your registration.

To register, please return this form, along with your \$50 non-refundable deposit to:

CCRO, PO Box 2063, Dublin, CA 94568. Make checks payable to **CCRO**. (Sorry —NO credit cards.)

CCRO SUMMER RETREAT AUG. 17 - 19, 2018 REGISTRATION FORM:

Name: _____ Phone:() _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Amount Paid: _____

Single occupancy _____ Double occupancy one bed _____ 2 beds _____ Roommate: _____

Additional comments (physical disabilities, dietary needs): _____