



Record of Subscription Form (ROS)

Date:		Report #:		Page	of	Parish:				
Collection Name: Annual Catholic Appeal				Prepared by:						
#	Archdiocesan ID	Donor Name (first, last, spouse)	Payment/Pledge	Payment/Pledge Form (Cash, Check or CC)	Check Date	Check #	Address* (if no archdiocesan ID)	City	State	ZIP
1										
2										
3										
4										
5										
6										
7										
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9										
10										
11										
12										
13										
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15										

Grand Total if more than one form:

* If you do not have the Donor ID available, please include the donor address to ensure the correct donor is credited for the gift.