

REQUEST FOR RENEWAL OF ASSOCIATE COMMITMENT



SISTERS OF DIVINE PROVIDENCE SAN ANTONIO, TEXAS

After prayer and reflection on my experience as an Associate of the Sisters of Divine Providence, I have decided

_____ to request renewal of my Associate Commitment for **another year**.
My reasons are: (**Please be specific.**) One definite thing is all that is asked, more if you choose.

_____ **not to** request the renewal of my Associate Commitment.
My reasons are: (**Please be specific.**) This helps us know how to improve the Associate program.

(Signature)

(Date)

(Congregational Representative)

(Date)

Please complete and return this form...

To: Ana Maria De La Portilla, ACDP
Director of Associates
Congregation of Divine Providence
515 S.W. 24th Street
San Antonio, TX 78207

Tel: 210.587.1105
Fax: 210.431.3587