

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 three years.**

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/Associate representative)

(Date)

Please complete and return this form to:

Ana María De La Portilla, PhD, ACDP
Director, Office of Associates
515 S.W. 24th Street
San Antonio, TX 78207
Tel: 210.587.1105 / Fax: 210.568.1050