PILGRIM
Center *of* Hope
Guiding people to Christ

Intercessor Pledge

Please print.

_____
Name

_____
Mailing Street

_____
City, State, Zip

_____
Phone (Cell) (Home)

_____
Email

_____
Parish

☐ ***I pledge to pray for Pilgrim Center of Hope daily.***

_____
Signature Date

Please mail this form to our office.

7680 Joe Newton, San Antonio, Texas 78251
210-521-3377 www.pilgrimcenterofhope.org