

**PILGRIM MINISTRIES**  
**Mail Inspection Consent Release Form**

I agree and consent that Pilgrim Ministries, and its nominees and assigns, may open and inspect all mail before I receive it. I understand that this is to keep me from receiving any item or information that may be harmful, detrimental or a hindrance to my progress in the ministry.

I further waive all rights to receive mail unless I agree to the above stipulations. This includes regular mail from post office Box, Fed Ex, UPS or any other means of delivering mail to the ministry.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witnessed:** \_\_\_\_\_

**I am 18 years of age or over (check one). Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Pilgrim Ministries**  
**260 Bartley Wilbanks Road**  
**Clarkesville, GA 30523**  
**Fax: 706-754-9726**  
**Phone: 706-490-4613**

**Director of Operations:** \_\_\_\_\_

**Date:** \_\_\_\_\_