Touch a Life

Sponsorship Registration Form

Date					
Child's	Information				
Child's Name:	Jeferson Yoel Galvez Alvarez (2612)	Z	Child's Status:	Child's Placement:	
Accountability: City: Location: Country:	TAL Honduras El Hatillo Cantarranas Honduras		Orphaned Abandoned Destitute	☐ Traditional Orphanage ☐ Home placement ☐ Touch a Life Center	
-	s Information				
Spouse Name					
Address					
City		State	Zip		
Home Phone W		Woı	/ork Phone		
Email Address_					
If you will be giving your support through your church, what is your church's name, city and state?					
Would you like to receive your free copy of the Progress Report by mail or by email?					
☐ Mail ☐	Email				
Will you be givir	ng your first check today?				
Yes	l _{No}				
If no, what month will you begin support?					
I would like to add \$5□ \$10□ \$20□ \$ □ extra to my monthly support for the home office.					