Touch a Life

Sponsorship Registration Form

_____
Date

Child's Information

Child's Name: Lizy Yulibeth Hernandez Bustillo (3020)
Accountability: TAL Honduras
City: San Juan de Flores
Location:
Country: Honduras

ü Girl ☐ Boy

Child's Status:

☐ Orphaned
☐ Abandoned
ü Destitute

Child's Placement:

☐ Traditional Orphanage
☐ Home placement
ü Touch a Life Center

Sponsor's Information

Name _____

Spouse Name_____

Address_____

City_____ **State**_____ **Zip** _____

Home Phone_____ **Work 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 giving your first check today?

☐ Yes ☐ 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.