Touch a Life

Sponsorship Registration Form

Date						
Child's	Information					
Child's Name: Accountability: City: Location: Country: Girl Sponsor'	Bartolo Cantarranas Honduras		Child's Statu Orphaned Abandoned Destitute	[Child's Placement: ☐ Traditional Orphanage ☐ Home placement ☐ Touch a Life Center	
Name						
Spouse Name						
Address						
City		State_		Zip _		
Home Phone		Woı	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					
_ `	ng your first check today?					
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.						