## Touch a Life

**Sponsorship Registration Form** 

## Date

## **Child's Information**

| Child's Name:            | Xiomara Elizabeth Pineda Flores<br>(3837) | Child's Status: | Child's Placement:    |
|--------------------------|---|-----------------|-----------------------|
| Accountability:<br>City: | TAL Honduras<br>Bartolo                   | Orphaned        | Traditional Orphanage |
| Location:                | Cantaranas                                | Abandoned       | Home placement        |
| Country:                 | Honduras<br>Boy                           | Ü Destitute     | 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?                                |            |     |  |  |  |
| Will you be giving your first check today?  |            |     |  |  |  |
| Yes No  |            |     |  |  |  |
| If no, what month will you begin support?   |            |     |  |  |  |
| I would like to add $5\square$ 10 $\square$ 20 $\square$ $\square$ extra to my monthly support for the home office. |            |     |  |  |  |