

# Touch a Life

## Sponsorship Registration Form

\_\_\_\_\_  
Date

### Child's Information

**Child's Name:** Diana Gabriela Flores Ramos  
(4858)

**Accountability:** TAL Honduras

**City:** El Pedregal

**Location:** El Pedregal

**Country:** Honduras

Girl

Boy

**Child's Status:**

Orphaned

Abandoned

Destitute

**Child's Placement:**

Traditional Orphanage

Home placement

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.