Touch a Life

Sponsorship Registration Form

Date					
Child's	Information				
Child's Name: Accountability: City: Location: Country: Girl Sponsor'	El Pedregal El Pedregal 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		Woi	k 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 t	o receive your free copy o	of the Pro	gress Report I	oy mai	l or by email?
☐ Mail ☐	Email				
_ `	ng your first check today?				
If no, what mon	th will you begin support?	?			
I would like to ac	ld \$5□ \$10□ \$20□ \$	_ 🗆 extra	to my monthly	suppo	ort for the home office.