Touch a Life

Sponsorship Registration Form

Date					
Child's	Information				
Child's Name:	Elvin Isai Sandres Trejo (4956)		Child's Status:	Child's Placement:	
Accountability: City: Location: Country:	TAL Honduras San Juan de Flores Cantarranas Honduras		Orphaned Abandoned Destitute	☐ Traditional Orphanage ☐ Home placement ☐ Touch a Life Center	
Name	s Information				
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				
Will you be givir	ng your first check today?	?			
Yes	l _{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.					