

# Touch a Life

## Sponsorship Registration Form

\_\_\_\_\_  
Date

### Child's Information

**Child's Name:** Selvin Fernando Salinas Alvarado  
(4997)

**Accountability:** TAL Honduras  
**City:** San Juan de Flores

**Location:** Cantarranas

**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.