

# Touch a Life

## Sponsorship Registration Form

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Date

### Child's Information

**Child's Name:** Cristhian David Diaz Garcia  
(5535)

**Accountability:** TAL Honduras

**City:** Nueva Suyapa

**Location:** Nueva Suyapa

**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?  
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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.