Touch a Life

Sponsorship Registration Form

Date			
Child's	Information		
Child's Name:	Mike Jabila (5931)	Child's Status:	Child's Placement:
Accountability: City: Location: Country: Girl	Robert Osaga - TAL Parombo Uganda	Orphaned Abandoned Destitute	☐ Traditional Orphanage ☐ Home placement ☐ Touch a Life Center
-	s Information		
Spouse Name			
Address			
City		StateZi	p
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 t	o receive your free copy o	of the Progress Report by	mail or by email?
☐ Mail ☐	Email		
Will you be givir	ng 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.			