Touch a Life

Sponsorship Registration Form

Date					
Child's	Information				
-	s Information		Child's Status: Orphaned Abandoned Destitute	Traditional Orphanage Home placement Touch a Life Center	
Spouse Name					
Address					
City		State	z	ip	
Home Phone		Woi	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				
_ ` ` _	ng your first check today	?			
If no, what mon	th will you begin suppor	t?			
I would like to ad	ld \$5□ \$10□ \$20□ \$_	_ 🗆 extra	to my monthly s	upport for the home office.	