

Touch a Life

Sponsorship Registration Form

Date

Child's Information

Child's Name: Kacwinyrwoth Petient
(6130)
Accountability: Alfred Ochoun - TAL
City: Mahagi
Location:
Country: Congo Democratic Republic of

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.