## Touch a Life

## **Sponsorship Registration Form**

Date					
Child's	Information				
Child's Name:  Accountability: City: Location: Country:	Chhaom Neth (6239) Setha Say - TAL Prev Veng Cambodia Boy		Child's Status:  Orphaned  Abandoned  Destitute	Child's Placement:  Traditional Orphanage  Home placement  Touch a Life Center	
Name Spouse Name					
City		State	Ziŗ	)	
Home Phone		Worl	Work Phone		
Email Address_					
If you will be gi city and state?	ving your support throug	gh your chu	rch, what is your	church's name,	
☐ Mail ☐	to receive your free copy    Email ng your first check today		gress Report by r	nail or by email?	
If no, what mon	nth will you begin suppor	t?			
I would like to ac	dd \$5□ \$10□ \$20□ \$	_ □ extra	to my monthly su	pport for the home office.	