Touch a Life

Sponsorship Registration Form

Date				
Child's	Information			
Child's Name:	R Robert (4723)		Child's Status:	Child's Placement:
Accountability: City: Location: Country: Girl B	N. Babu Prasad - TAL Bangalore Bangalore India		Orphaned Abandoned Destitute	☐ Traditional Orphanage ☐ Home placement ☐ Touch a Life Center
Sponsor'	s Information			
Name				
Spouse Name				
Address				
City		_ State_	Zip)
Home Phone	one 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	of the Pro	ogress Report by r	nail or by email?
☐ Mail ☐	Email			
Will you be givin	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.				