Touch a Life

Sponsorship Registration Form

Date				
Child's	Information			
Child's Name: Accountability: City: Location: Country: Girl Sponsor'	Bangalore Bangalore India		Child's Status Orphaned Abandoned Destitute	: Child's Placement: Traditional Orphanage Home placement Touch a Life Center
Name				
Spouse Name				
Address				
City		_ State	7	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			
_ `	ng your first check today?] _{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.				