## Touch a Life

## **Sponsorship Registration Form**

Date					
Child's	Information				
Child's Name:  Accountability: City: Location: Country: Girl Sponsor'	Openjmungu Julius (6246) Robert Osaga - TAL Nebbi Uganda oy		Child's Status:  Orphaned  Abandoned  Destitute	Child's Placement:  Traditional Orphanage  Home placement  Touch a Life Center	
Name					
Spouse Name					
Address					
City		_ State	Z	(ip	
Home Phone		Wor	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? ] <sub>No</sub>	•			
If no, what mon	th will you begin support	?			
I would like to ac	ld \$5□ \$10□ \$20□ \$	_ 🗆 extra	to my monthly s	support for the home office.	