

# Touch a Life

## Sponsorship Registration Form

\_\_\_\_\_  
Date

### Child's Information

**Child's Name:** D. Arpitha Raji  
(6945)

**Accountability:** N. Babu Prasad - TAL  
**City:** Bangalore

**Location:**  
**Country:** India

☒ 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.