

Touch a Life

Sponsorship Registration Form

Date

Child's Information

Child's Name: S. Darshini Sam
(6948)

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.