Touch a Life

Sponsorship Registration Form

Date

Child's Information

| Child's Name: | Monica Mariela Guzman Salgado (4194) | Child's Status: | Child's Placement: |
|--------------------------|---|-----------------|-----------------------|
| Accountability: City: | TAL Honduras Nueva Suyapa Cantarranas Honduras | Orphaned | Traditional Orphanage |
| Location: Country: | | Abandoned | Home placement |
| | | Ü Destitute | 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? | | | | |
| Will you be giving your first check today? | | | | |
| Yes No | | | | |
| If no, what month will you begin support? | | | | |
| I would like to add $5\square$ 10 \square 20 \square \square extra to my monthly support for the home office. | | | | |