

# Touch a Life

## Sponsorship Registration Form

\_\_\_\_\_  
Date

### Child's Information

**Child's Name:** Bibian Micparwoth  
(5958)  
**Accountability:** Alfred Ochoun - TAL  
**City:** Nebbi  
**Location:**  
**Country:** Uganda

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.