## Touch a Life

## **Sponsorship Registration Form**

Date	<del></del>		
Child's	Information		
Name	Ninoska Samantha Sauceda Fones (6423) TAL Honduras San Juan de Flores Cantaranas Honduras oy	Orphaned  Abandoned  Destitute	
	State		)
-		Work Phone	
Email Address_			
If you will be giv city and state?	ing your support through your	church, what is your	church's name,
☐ Mail ☐	o receive your free copy of the F	Progress Report by r	nail or by email?
_ `	ng your first check today?		
If no, what mon	th will you begin support?		
I would like to ad	ld \$5□ \$10□ \$20□ \$ □ ex	tra to my monthly su	pport for the home office.