

# Touch a Life

## Sponsorship Registration Form

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Date

### Child's Information

**Child's Name:** Afoyorwoth Divine  
(7081)  
**Accountability:** Robert Osaga - TAL  
**City:** Nebbi  
**Location:**  
**Country:** Uganda

☐ Girl ☒ Boy

**Child's Status:** **Child's Placement:**  
☒ Orphaned ☒ Traditional Orphanage  
☐ Abandoned ☐ Home placement  
☐ 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?  
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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.