



Loussandra Berlus

Birthday: 2/4/2004 Grade: 8th
 Village: Source Matelas
 Lives with: her mom
 Favorite subject: English
 Wants to become: a nurse
 Outside school: jumps rope & does
 housework

Transform a life.

SPONSOR A STUDENT WITH JIHM

Through student sponsorship, you can make a difference in Loussandra's life.

Your gift of \$35 each month to Grace Emmanuel School makes it possible for Loussandra to receive a Christian education from a devoted and caring staff, nutritious meals, transportation to school, and hope for a future free from poverty. Your sacrifice lifts the burden of unaffordable tuition off Loussandra's family as they fight to provide for her other needs.

As Loussandra's sponsor, we hope you will embrace the opportunity to build a meaningful, godparent-type relationship with her through letters and prayers, and even visits to Haiti.

Follow the instructions below to begin your sponsorship. We'll send you a welcome packet with a photo of Loussandra, additional sponsorship information, and a template to write your first letter.

Questions? Please contact us at sponsorships@jesusinhaiti.org or 260-302-JIHM.

YES! I will partner with JiHM on behalf of Loussandra.

- To give monthly: ONLINE Fill out the sponsorship form at www.jesusinhaiti.org/student-sponsorship
 BY MAIL Fill out all the information below, attach a voided check, and mail to JiHM.
- To give annually: Fill out just the two lines below, attach a check for \$420 payable to JiHM, and mail to:
Jesus in Haiti Ministries, 6066 E State Blvd, Fort Wayne, IN 46815

Your Name		Student's Name Loussandra Berlus		Phone
Street Address		City	State	ZIP
BANKING INFO FOR AUTOMATIC WITHDRAWAL				
Name on Account	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Bank Name	
Bank Phone	Account Number		Bank Routing Number (9 digits between : and :) Example: : 012345678 :	
Total monthly gift amount \$		Choose date of the month for withdrawal: <input type="checkbox"/> 1st <input type="checkbox"/> 15th		
I hereby authorize a monthly bank draft on the account designated above not to exceed the amount agreed to by me above. I understand that I can change the amount or stop this automatic bank draft with proper notice to JIHM.				
Signature				Date



6066 E State Blvd
 Fort Wayne, IN 46815
 260-302-JiHM

Thank you!