



Rose Berlincha Lamarre

Birthday: Oct 28, 2016

Grade: 1st Kindergarten

Village: Source Matelas

Lives with: mom & dad

On the weekend: plays and takes part in activities

Favorite food: bean sauce

Transform a life.

SPONSOR A STUDENT WITH JIHM

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

Your gift of \$35 each month to Grace Emmanuel School makes it possible for Rose Berlincha 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 Rose Berlincha's family as they fight to provide for her other needs.

As Rose Berlincha'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 Rose Berlincha, 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 Rose Berlincha.

To give monthly: ONLINE Fill out the sponsorship form at www.jesusinhaiti.org/student-mentorship
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 Rose Berlincha Lamarre			Phone
Street Address	City	State	ZIP	Email
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!

08-2019