



## Jean Mitchaïna Saintil

Birthday: 9/20/2015 Grade: Kind. 2

Village: Cabaret

Lives with: MOM

Favorite subject: writing

Wants to become: a nurse

On the weekends: plays

Favorite food: cornmeal

# Transform a life.

## SPONSOR A STUDENT WITH JIHM

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

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

As Jean Mitchaïna'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 Jean Mitchaïna, additional sponsorship information, and a template to write your first letter.

Questions? Please contact us at [sponsorships@jesusinhaiti.org](mailto:sponsorships@jesusinhaiti.org) or 260-302-JIHM.

## YES! I will partner with JiHM on behalf of Jean Mitchaïna.

To give monthly: ONLINE Fill out the sponsorship form at [www.jesusinhaiti.org/student-sponsorship](http://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 <b>Jean Mitchaïna Saintil</b>			Phone
Street Address	City	State	ZIP	Email
<b>BANKING INFO FOR AUTOMATIC WITHDRAWAL</b>				
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!