



## Stéphanie Alexis

Birthday: 7/16/2001      Grade: 8th  
 Village: Cabaret  
 Lives with: mom & dad  
 Favorite subject: English  
 Wants to become: nurse  
 On the weekends: goes to church  
 Favorite food: rice w/ bean sauce

# Transform a life.

## SPONSOR A STUDENT WITH JIHM

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

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

As Stéphanie'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 Stéphanie, 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 Stéphanie.

- To give monthly: ONLINE Fill out the sponsorship form at [www.jesusinhaiti.org/student-mentorship](http://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 Stéphanie Alexis   |       | Phone   |
| Street Address  |  | City  | State | ZIP   |
| <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<br>(9 digits between : and :)<br>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!