



Kettela Ducasse

Birthday: 10/27/2003 Grade: 9th
 Village: Source Matelas
 Lives with: MOM
 Favorite subject: French
 Wants to become: a nurse
 On the weekends: sells at the market

Transform a life.

SPONSOR A STUDENT WITH JIHM

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

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

As Kettela'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 Kettela, 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 Kettela.

- 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

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|---|--|---|-------|---|
| Your Name | | Student's Name Kettela Ducasse | | 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!