



## Lesma-Carlie Tresie

Birthday: 11/17/2016    Grade: Kind. 1  
 Village: Source Matelas  
 Lives with: MOM  
 Favorite subject: drawing  
 Wants to become: nurse  
 Favorite school lunch: rice with  
 bean sauce

# Transform a life.

## SPONSOR A STUDENT WITH JIHM

Through student sponsorship, you can make a difference in Lesma-Carlie's life.

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

As Lesma-Carlie'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 Lesma-Carlie, 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 Lesma-Carlie.

- 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 Lesma-Carlie Tresie  |       | 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<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!