



Zacharie Larochelle

Birthdate: 12/31/2016 Grade: Kind. 1

Village: Source Matelas

Lives with: mom and dad

Favorite subject: drawing

Wants to become: doctor

Favorite school lunch: rice with
bean sauce and vegetables

Transform a life.

SPONSOR A STUDENT WITH JIHM

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

Your gift of \$45 each month to Grace Emmanuel School makes it possible for Zacharie 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 Zacharie's family as they fight to provide for his other needs.

As Zacharie's sponsor, we hope you will embrace the opportunity to build a meaningful, godparent-type relationship with him 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 Zacharie, 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 Zacharie.

To give monthly: ONLINE Fill out the sponsorship form at 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 \$540 payable to JiHM, and mail to:
Jesus in Haiti Ministries, 6066 E State Blvd, Fort Wayne, IN 46815

Your Name		Student's Name Zacharie Larochelle		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!