



Jean Mitchaïna Saintil

Birthday: 9/20/2015 Grade: Kind. 3

Village: Cabaret

Lives with: MOM

Favorite subject: writing

Wants to become: nurse

Favorite school lunch: cornmeal
with beans

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 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
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 Jean Mitchaïna Saintil | | Phone |
| Street Address | | City | State | ZIP |
| Email | | | | |
| 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!