



Djoudnaëlle Jean

Birthday: 10/25/2016 **Grade:** Kind. 2
Village: Cabaret
Lives with: her mom
Favorite subject: coloring
Wants to become: nurse
Favorite fruit: bananas
On the weekends: plays

Transform a life.

SPONSOR A STUDENT WITH JiHM



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

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

As Djoudnaëlle'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 Djoudnaëlle, 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 Djoudnaëlle.

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 <i>Djoudnaëlle Jean</i>		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!
10-2021