



Fednaëlle Pamela Keisha

Birthday: 7/23/2019 **Grade:** 1st Kind.

Village: Source Matelas

Lives with: mom

Favorite subject: singing

Wants to become: a nurse

Wants to visit: USA

Favorite school activity: playing

Transform a life.

SPONSOR A STUDENT WITH JiHM



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

Your gift of \$45 each month to Grace Emmanuel School makes it possible for Fednaëlle to receive a Christian education from a devoted and caring staff, nutritious meals, transportation to school, basic health care and more. Your partnership lifts the burden of unaffordable tuition off Fednaëlle's family as they fight to provide for her other needs.

As Fednaëlle's sponsor, you have the opportunity to build a meaningful, godparent-type relationship with her through letters and prayers.

Follow the instructions below to begin your sponsorship. We'll send you a welcome packet with a photo of Fednaëlle, additional sponsorship information, and a instructions 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 Fednaëlle.

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

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|---|---|---|---|-------|
| Your Name | | Student's Name <i>Fednaëlle Pamela Keisha</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!