



**Syndie Pamela**

**Birthday:** 2/10/2016      **Grade:** 2nd  
**Village:** Source Matelas  
**Lives with:** mom and dad  
**Favorite subject:** math  
**Wants to become:** a nurse  
**Wants to visit:** Canada  
**Favorite school activity:** eat

# Transform a life.

## SPONSOR A STUDENT WITH JiHM

**Through student sponsorship, you can make a difference in Syndie Pamela's life.**

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

As Syndie Pamela'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 Syndie Pamela, additional sponsorship information, and a instructions 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 Syndie Pamela.

To give monthly: ONLINE Fill out the sponsorship form at [www.jesusinhaiti.org/student-sponsorship](http://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>Syndie Pamela</i>		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 (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!*