



**Samuel Guyvinxly**

**Birthday:** 9/7/2009      **Grade:** 8th

**Village:** Source Matelas

**Lives with:** mom and dad

**Favorite subject:** French

**Wants to become:** a mechanic

**Favorite school activity:** recess

# Transform a life.

## SPONSOR A STUDENT WITH JiHM



**Through student sponsorship, you can make a difference in Samuel Guyvinxly's life.**

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

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

Follow the instructions below to begin your sponsorship. We'll send you a welcome packet with a photo of Samuel Guyvinxly, 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 Samuel Guyvinxly.

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>Samuel Guyvinxly</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!*