



Give HOPE

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

Your gift of \$45 each month makes it possible for Jean Ezéchiel to receive a Christian education at Grace Emmanuel School, plus a nutritious lunch, access to basic health care, and more. Your partnership lifts the burden of tuition off Jean Ezéchiel's family as they fight to provide for his other needs.

As Jean Ezéchiel's sponsor, you will have the opportunity to further build him up through letters and prayers.

Follow the instructions below to begin your sponsorship. We will send you a welcome packet with a photo of Jean Ezéchiel, additional sponsorship information, and instructions to write your first letter.

Jean Ezéchiel

Birthdate: Oct 15, 2018 **Grade:** 1st

Village: Cabaret

Lives with: mom and dad

Favorite subject: writing

Wants to become: a musician

Favorite color: red

Yes! I will partner with JiHM on behalf of Jean Ezéchiel.

GIVE ONLINE

Go to www.jesusinhaiti.org/student-sponsorship to set up monthly gifts of \$45 or make an annual donation of \$540. No need to return this form.

GIVE BY MAIL

MONTHLY GIFT: Complete this entire form, attach a voided check, and mail to JiHM.

ANNUAL GIFT: Complete the first two lines below, attach a \$540 check payable to JiHM, and mail to JiHM. You will receive a reminder each year to renew your sponsorship.

| | | | | |
|---|---|-------------------------------------|----------------|-------|
| Your Name | | Student's Name <i>Jean Ezéchiel</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 Routing Number <small>(9 digits between * and *) Example: * 012345678 *</small> | | | Account Number | |
| Total monthly gift amount \$ | Choose date of the month for withdrawal: <input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> 25th | | | |
| 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 | |