



# Give HOPE

**Through student sponsorship, you can make a difference in Rose Christalina's life.**

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

As Rose Christalina's sponsor, you will have the opportunity to further build her up through letters and prayers.

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

## Rose Christalina

**Birthdate:** Dec 17, 2018      **Grade:** 1st  
**Village:** Cabaret  
**Lives with:** mom and dad  
**Favorite subject:** reading  
**Wants to become:** a nurse  
**Favorite color:** blue

**Yes!** I will partner with JiHM on behalf of Rose Christalina.

**GIVE ONLINE**

Go to [www.jesusinhaiti.org/student-sponsorship](http://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>Rose Christalina</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 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			
<p><b>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.</b></p>					
Signature				Date	