

JANUARY 2010



PO Box 167, Port Orchard WA 98366
(360) 871-8471
janeshouseindia@msn.com
www.janeshouse.org

RACHEL: A WIDOW'S STORY



I became a widow in 1996. My husband, a laborer in the fields, died of a heart attack. My husband was a good man. I was selling fish for my livelihood. My daughter came to live with me along with her children after fighting with her husband. It was too much for me to care for with my small earnings. My village pastor told me to believe in Jesus and He would solve my problems. Within a week my daughter reconciled with her husband and I accepted Jesus. Later I heard of Jane's House and that they needed a cook for the orphans so I came to Jane's House in 2004. When I was sick with chicken pox, the children looked after me and encouraged me a lot. I don't think even my own children would love me so much. The children share their love with me and that touches my heart. I love the children to the extent that I can't spend even a day without them.

FENCE UPDATE

Since we shared our need for a fence at the orphanage, we have raised \$15,000 of the \$70,000 needed. We are really encouraged by the response. The fence will keep water buffalos and other livestock out, it will help the children and widows feel secure. It will also eliminate our cobra problems. The watchman has already killed over 200 cobras on the property. With the fence we hope to prevent an inevitable tragedy of a cobra bite. If one of the children were to be bitten by a cobra death is almost certain. We want Jane's House orphanage to be a safe haven for these children who have already experienced so much of the harshness of life. Thank you to those who have donated to the fence and for your prayers.



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Tear here and return bottom portion along with your donation.

Please make checks payable to: **JANE'S HOUSE**

Missionary Support (Tony & Jane)	\$ _____
Orphan Support	\$ _____
Philadelphia (Leper Colony)	\$ _____
Village Pastor Support	\$ _____
Orphanage Fence	\$ _____
TOTAL	\$ _____

CREDIT & DEBIT CARD DONATIONS

(Check one) Visa MC American Express

CVC code: _____ Expiration: _____

Name on card: _____

I would like the charge to occur: (Check one)

Monthly BiMonthly Quarterly Other _____

Signature: _____