

DONATION FORM



I am enclosing
a gift for the
Oblate Missions
in the amount of:

- \$ 50.00
- \$ 100.00
- \$ 500.00
- \$ 1,000.00
- \$ 5,000.00
- \$ _____

Yes, in partnership with the Missionary Oblates, I offer my gift of prayers and financial support: Where most needed, or
 Mission area of _____
(country or name of Oblate ministry)

Cheque payable to: AMMI Lacombe Canada MAMI
or

MasterCard  **VISA** 

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____

Please mail donations to:

**AMMI Lacombe
Canada MAMI**

601 Taylor Street West,
Saskatoon, SK
S7M 0C9

Thank You!

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone number: _____

Email: _____

