



MONTHLY GIVING FORM



Pledging your gift over a period of time is a monthly reminder of your active participation as a partner in mission with the Oblates.

Pre-Authorized Gift Plan

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone number: _____ Email: _____

- I wish to pledge \$ _____ per month for _____ months for a total of \$ _____.
- or
- I wish to pledge \$ _____ per month on an ongoing basis.
- 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)

I hereby authorize *AMMI Lacombe Canada MAMI* to withdraw funds as indicated above from my chequing or credit card on the 1st day of each month.

Chequing Account (please enclose a void cheque)
or

MasterCard  **VISA** 

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

Cardholder's Name: _____

Cardholder's Signature: _____

SIGNATURE

DATE

This authorization may be cancelled at any time upon written notice.
A charitable receipt will be issued once per year for pre-authorized gift plans.

AMMI Lacombe Canada MAMI respects your privacy. We protect your personal information and adhere to privacy regulations.
We do not rent, sell or trade our member list. Please contact us if you have any questions or concerns.

Thank You!

