

*May God's blessings of
peace, joy and love
fill your heart and home this Christmas
and throughout the New Year!*



Glenn
Glenn Zimmer, OMI
Diane
Diane Lepage
Coordination Team Members

Ken Forster omi

Ken Forster, OMI
MAMI Outreach



Pre-Authorized Gift Plan

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

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)

MasterCard  **VISA** 

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____

SIGNATURE

DATE

2020-NL-NOV

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.



601 Taylor Street West, Saskatoon, SK S7M 0C9

E-mail: lacombemami@sasktel.net

Telephone: (306) 653-6453 • Toll Free: 1-866-432-MAMI (6264) • Fax: (306) 652-1133

Facebook: [Lacombe Canada MAMI](https://www.facebook.com/LacombeCanadaMAMI)
Website: www.omilacombe.ca/mami

Christmas Wishes

Canada:

De Mazenod Door Outreach \$ _____

Sacred Heart Church of the First Peoples Outreach \$ _____

Kenya:

(school fees, medical care, outreach in the slums) \$ _____

Peru:

Br. Blaise's Mission Works \$ _____

Santa Clotilde Hospital \$ _____

Total Donation: \$ _____

If you are making a donation as a gift for someone, please indicate how many Christmas cards you would like to receive: _____



OR

I choose to offer my gift to an Oblate mission where support is most needed in the amount of:
 \$50.00 \$100.00 \$500.00 \$1,000.00 \$5,000.00 \$ _____

Cheque payable to: *AMMI Lacombe Canada MAMI*

MasterCard Card Number: _____ / _____ / _____ / _____



Expiry Date: ____ / ____

VISA Cardholder's Name: _____



Cardholder's Signature: _____

Monthly giving – please see reverse

Please mail donations to:

AMMI Lacombe Canada MAMI

601 Taylor Street West,
Saskatoon, SK S7M 0C9

or call Toll Free: 1-866-432-MAMI (6264)

Thank You!

Email address: _____