

# Dear Family and Friends of the Oblates,

Spring is in the air and with it comes much hope as we see signs of new life unfolding everywhere around us. YOU are hope to the poor. We invite you to continue bringing courage, healing and strength to those in need as they face many daily challenges. We are truly grateful for all of your prayers and financial gifts for the ministry works of the Missionary Oblates of Mary Immaculate. Thank you for sharing hope in our fragile world.

Sincerely,



Diane Lepage

Glenn Zimmer, OMI

Coordination Team Members

Ken Forster, OMI

MAMI Outreach



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 \_\_\_\_\_

(country, or name of Oblate ministry)

**Cheque** payable to: AMMI Lacombe Canada MAMI

**MasterCard** 

**VISA** 

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Monthly Giving** see reverse

Please print name and full address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please mail donations to:

**AMMI Lacombe Canada MAMI**

601 Taylor Street West,  
Saskatoon, SK S7M 0C9

or Give On-Line: [www.omilacombe.ca/mami](http://www.omilacombe.ca/mami)  
or Send E-transfers to: [lacombemami@sasktel.net](mailto:lacombemami@sasktel.net)  
or Call Toll Free: 1-866-432-MAMI (6264)

**Thank You!**

*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.

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

2023-EN-MAY

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.




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

 Facebook: Lacombe Canada MAMI

Website: [www.omilacombe.ca/mami](http://www.omilacombe.ca/mami)

 YouTube: Lacombe MAMI Oblate Missions