

# Dear Cherished Partners in Mission,

In a world filled with challenges, your generosity continues to be a source of inspiration that continues to make an incredible impact on the lives of the less fortunate. With each act of kindness, you help us build a world where love and compassion can grow.

As we approach All Souls' Day, a time of remembrance and reflection, your support helps us nurture a legacy of care for others. We invite you to join us in spirit and prayer on Nov. 2 as we honour our deceased loved ones. Please take a moment to add the names of your cherished friends and family who have died on the enclosed card, along with your contact information, and return it to our office. Together, we will weave a tapestry of prayer that encompasses all.

Your prayers and financial gifts radiate warmth and love, providing much-needed support to those who are struggling. Your continued acts of kindness truly embody the Oblate Spirit of compassion.

With heartfelt gratitude,



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)

☐ **Yes**, I wish to receive an Angel of Hope Rosary (described on page 34)

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

☐ **MasterCard**

☐ **VISA**

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

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

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

☐ **Monthly Giving** see page 2

Please mail donations to:

**AMMI Lacombe Canada MAMI**

601 Taylor Street West,  
Saskatoon, SK S7M 0C9

or On-Line:

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

E-transfers: [lacombemami@sasktel.net](mailto:lacombemami@sasktel.net)

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

**Thank You!**

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

Email Address: \_\_\_\_\_

2023-NL-SEP A self-addressed envelope has been enclosed for your convenience.

An official income tax receipt will be issued for all gifts received.

*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 \$ \_\_\_\_\_.
- ☐ 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

2023-NL-SEP

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](mailto:lacombemami@sasktel.net)

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