

*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

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

2023-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

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 Facebook: Lacombe Canada MAMI

Website: www.omilacombe.ca/mami

 YouTube: Lacombe MAMI Oblate Missions

Christmas Wishes

Canada:

De Mazenod Door and Farm

Gift Amount

\$ _____

OFFICE CODE

8465

Sacred Heart Church of the First Peoples

\$ _____

8190

Kenya:

Prison Ministry

\$ _____

9178

Children's Schooling

\$ _____

9196

Mattresses and Blankets for the Elderly

\$ _____

9195

Families in Need

\$ _____

9170

Peru:

Br. Blaise's Mission Works

\$ _____

9326

St. Clotilde Hospital

\$ _____

9339

Ukraine:

\$ _____

9478

Total Donation: \$ _____

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 On-Line:

www.omilacombe.ca/mami/donations

E-transfers: lacombemami@sasktel.net

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

Thank You!

Phone Number: _____

Email Address: _____

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

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