

Dear Oblate Family and Friends,

Contemplating the global efforts of our missionaries, we are profoundly moved by the immense generosity of you, our Oblate friends and family. Your contributions continue to positively impact the lives of the poor in communities around the world.

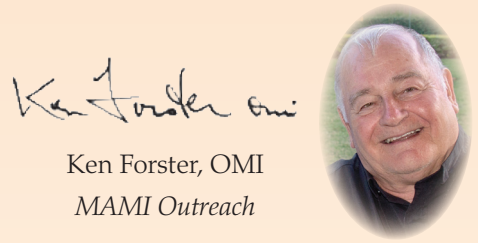
We extend an invitation to join us in sustaining initiatives such as nourishing the hungry, tending to the sick and elderly, educating eager young minds, equipping the underprivileged with vocational skills, offering sacraments and spiritual guidance and responding to humanitarian crises worldwide.

Your kindness and compassion are deeply cherished. May God shower abundant blessings upon you.

In Peace,



Diane
Diane Lepage
Glenn
Glenn Zimmer, OMI
Coordination Team Members



Ken Forster OMI
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 a Heart of the Mother Rosary (described on page 24)

☐ **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 print name and full address:

Phone Number: _____

E-mail Address: _____

2024 NL MAY

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!

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 \$ _____ 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

2024 NL 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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 Facebook: Lacombe Canada MAMI

 Website: www.omilacombe.ca/mami

 YouTube: Lacombe MAMI Oblate Missions