

Dear Partners in Mission,

In a world brimming with challenges, your generosity remains a beacon of hope and inspiration, profoundly impacting the lives of those in need. Each act of kindness from you helps foster a world where love and compassion thrive.

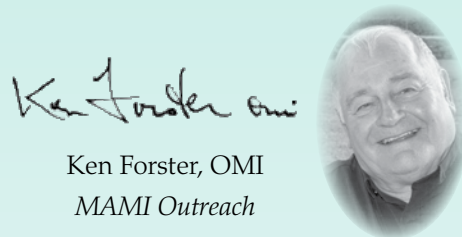
As All Souls' Day approaches, a time for remembrance and reflection, your support allows us to cultivate a lasting legacy of care. We warmly invite you to join us in spirit and prayer on November 2 as we honour our dearly departed. Please use the enclosed card to add the names of your beloved friends and family who have passed and return it to our office. Together, we will create a collective tapestry of prayer.

Your prayers and financial contributions shine with warmth and love, offering crucial support to those facing hardships. Your ongoing acts of kindness truly embody the Oblate spirit of compassion and charity to the poor.

With heartfelt thanks,



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)

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: _____

Email Address: _____

2024-NL-SEP A self-addressed envelope has been enclosed for your convenience.

Please mail donations to:

AMMI Lacombe Canada MAMI

Box 26119, RPO Lawson Heights
Saskatoon, SK S7K 8C1

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 \$ _____.
- 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

2024-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.



Box 26119, RPO Lawson Heights, Saskatoon, SK S7K 8C1 E-mail: 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
 YouTube: Lacombe MAMI Oblate Missions