

# 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

Formation of Future Oblates

\$ \_\_\_\_\_

9320

Santa Clotilde Hospital

\$ \_\_\_\_\_

9339

## Ukraine:

Parish Outreach

\$ \_\_\_\_\_

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**

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

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: \_\_\_\_\_

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

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



*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

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-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.



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Facebook: Lacombe Canada MAMI

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

YouTube: Lacombe MAMI Oblate Missions