

Dear Oblate Family and Friends,

As we reflect on the far-reaching work of our missionaries, we are truly humbled by the incredible generosity you, our Oblate family, continue to show. Your support has a lasting impact on the lives of those most in need, reaching communities across the globe.

We invite you to join us in sustaining vital initiatives – feeding the hungry, caring for the sick and elderly, educating young minds, providing vocational training to the underprivileged, offering spiritual guidance and sacraments, and responding to humanitarian cries from around the world.

Your kindness and compassion mean so much to us. May God bless you abundantly.

With much Gratitude,



Diane

Diane Lepage

Glenn

Glenn Zimmer, OMI

Coordination Team Members

Ken Forster OMI

Ken Forster, OMI

MAMI Outreach



- I want to receive all *Oblate Spirit* publications by postal mail **OR**
- I want to receive three publications of the *Oblate Spirit* by mail and one by e-mail **OR**
- I want to receive the *Oblate Spirit* by e-mail only. My e-mail address is: _____ (please print)

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, I wish to receive a Risen Christ rosary (described on page 5).

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 reverse

Yes, I wish to receive e-receipts

E-mail Address: _____

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!

Phone Number: _____

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

2025-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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