Christmas Wishes

	Gift Amount	OFFICE CODE
Canada:		
De Mazenod Door and Farm	$_____	8465
Sacred Heart Church of the First Peoples	$_____	8190
Kenya:		
Prison Ministry	$_____	9178
Children's Schooling	$_____	9196
Needs of the Elderly	$_____	9195
Beehives	$_____	9160
Water Purifying Systems	$_____	9180
Peru:		
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 ☐ $ _____

☐ Yes, I wish to receive a Snowflakes from Heaven rosary *(described on page 9).*

☐ **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: _____

2025-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!

Diane Lepage — Glenn Zimmer, OMI
Coordination Team Members

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

2025-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.

AMMI Lacombe Canada MAMI

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)

Facebook: Lacombe Canada MAMI
Website: www.omilacombe.ca/mami
YouTube: Lacombe MAMI Oblate Missions