

Dear Oblate Family,

We are pleased to invite you to take part in our Annual Novena of Prayer, beginning March 19 and concluding March 27. During these nine sacred days, specially chosen Oblates from around the world will offer mass daily for your intentions, lifting them heavenward with faith, hope, and trust in God's loving care.

United in spirit, we come together in reflection and devotion – entrusting our personal needs, and those of our families, friends, communities, and the world, to God's mercy and healing grace. We invite you to write your intentions on the enclosed Prayers for Healing card, which will be shared with the Missionary Oblates of Mary Immaculate community.

We are deeply grateful for your past generosity, which continues to be a beacon of hope for the poor and marginalized. Through your support, the Oblates serve as messengers of God's compassion – providing food, shelter, sacraments, and loving care to those most in need. Your gifts truly help restore dignity and remind the vulnerable that they are never forgotten. You may wish to consider a monthly donation as a gentle, ongoing reminder of your commitment to bringing light and hope into the world.

Please join us in prayer and in supporting the vital ministries of the Oblates. Thank you for being a faithful partner in this mission of hope, compassion, and love.

With gratitude,

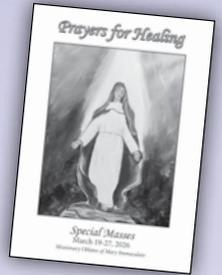
Diane

Diane Lepage
Executive Director



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, I wish to actively participate in the **2026 Novena of Prayer** and have enclosed my personal intentions

Yes, I wish to receive the Angel of Hope rosary (see page 32)

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

2026-NP-FEB

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