

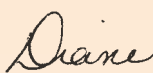
Dear Oblate Family and Friends,

With grateful hearts, we reflect on the mission entrusted to us and the many lives it continues to touch. Your generosity is truly a blessing, sowing seeds of hope and compassion that take root in communities around the world.

In this time of bicentennial renewal for the Missionary Oblates of Mary Immaculate and its family, we are reminded of our deep call to mission, one that has been planted in our hearts and continues to grow through faith, love, and service. Together, we are called as pilgrims with humility, walking alongside those most in need and sharing in their joys and struggles.

Because of you, this mission flourishes. Thank you for answering this call to mission with such open hearts. May God continue to bless you abundantly as, together, we nurture the seeds of love and service across the world.

With deep gratitude,



Diane Lepage
Executive Director



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 receive a Pilgrimage Rosary (described on page 42).

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-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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