Dear Friends,

As we look back, our hearts overflow with gratitude for the cherished memories and decades of grace built alongside the Missionary Oblates of Mary Immaculate. While we navigate necessary ministry changes today, we move forward with hope, knowing there is still so much more yet to come.

The road ahead calls us to deepen our commitment to the marginalized, reaching out to those on the fringes of society. Oblates are called to be shepherds, and we invite you to share in this spiritual life, mission, and unique OMI charism. Your financial gift today ensures this vital work continues.

We invite you to share the names of your deceased loved ones using the enclosed prayer card. They will be remembered and lifted in prayer during our special All Souls' Day Mass on November 2.

Thank you for your enduring faith, prayers, and generosity.

Peace,

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, 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 25013, RPO River Heights
Saskatoon, SK S7K 8B7

or On-Line:
www.omilacombe.ca/mami/donations
E-transfers: lacombemami@sasktel.net
Toll Free: 1-866-432-MAMI (6264)

Thank You!

Phone Number: _____

2026-NL-SEP *A self-addressed envelope has been enclosed for your convenience.*

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

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-SEP

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 25013, RPO River Heights, Saskatoon, SK S7K 8B7 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