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
Emergency Kits	$_____	9170
Water Purifying Systems	$_____	9180
Peru:		
Santa Clotilde Hospital	$_____	9339
Br. Blaise's Projects	$_____	9330
Ukraine:		
Parish Outreach	$_____	9478
Where most needed:	$_____	8500

Total Donation: $_____

☐ Yes, I wish to receive a Gloria Angel rosary *(described on page 34).*

☐ **Cheque** *payable to: AMMI Lacombe Canada MAMI* or

☐ **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-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
Executive Director



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

2026-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

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