



Saskatchewan Organic Directorate (SOD): Organic Agriculture Protection Fund (OAPF) Donation Form

Monthly Contribution

I hereby authorize SOD:OAPF to withdraw the following amount \$ _____ from my account on the _____ day of the month. My cheque marked VOID is enclosed.

This authorization is valid from the dates specified below or upon receipt of cancellation in writing.

Start Date: Day/Month/Year _____

End Date: Day/Month/Year _____

Lump Sum Contribution

I would like to donate a lump sum of \$ _____

Make cheque or money order payable to SOD:OAPF and mail to:

**Saskatchewan Organic Directorate: Organic Agriculture
Protection Fund**

Box 32066 RPO Victoria Square, Regina SK S4N 7L2

*A receipt will be sent from the SOD office.

*"It does not require a majority to prevail but rather an irate, tireless minority
Keen to set brush fires in people's minds." - Samuel Adams*