

POLLINATOR PLEDGE

Organization _____

Main Contact Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Website _____

Land Managed or In Trust (# of acres) _____

Which best describes you?

- Nonprofit organization
- School/College
- Government/Public Entity
- Business
- Individual
- Other _____

Phone _____

Number of Members _____

I / We commit to the following activities in support of the Pollinator Resolution:

As a Pollinator Partner, you are encouraged to define what you or your organization choose to do in support of pollinators.

My signature represents my organization's consideration of and commitment to the Pollinator Resolution.

Name _____ Date _____

Please send to: FFNHA, PO Box 526, Lawrence, KS 66044 or hzane@freedomfrontier.org

