

Pollinator Pledge

Organization: _____

Main Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Website: _____

Which best describes you?

- ☐ Non-profit organization
- ☐ Service club
- ☐ Neighborhood Association
- ☐ Government/Public Entity
- ☐ Business
- ☐ Other: _____

Phone: _____

Our organization commits to the following activities in support of the Pollinator Resolution:

(e.g. Define what you will do in support of pollinators, acres planted, etc.) _____

*As part of your year end partner site data collection, there will be a special section to report hours, volunteers, and money spent on pollinator projects.

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

_____ Date: _____



Return to:
Silos & Smokestacks National Heritage Area
P.O. Box 2845
Waterloo, IA 50704
Due: June 1, 2019

