

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 _____

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**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. The POLLINATOR RESOLUTION summarizes several potential options such as supporting regional partners in strategic pollinator planning, planting pollinator gardens, avoiding or limiting pesticides, creating meadows and diversified lawns, implementing pollinator-friendly mowing practices, pollinator education outreach. You may have additional ideas. Please be as specific as possible, as Housatonic Heritage may assist you to track your annual accomplishments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Please Return to:

Upper Housatonic Valley  
National Heritage Area  
P.O. Box 611  
Great Barrington, MA 01230

In partnership with the  
National Park Service

