Local Foods Plymouth
100-Mile Food Challenge

Pledge Form

Pledger: ________________ Phone #: ___________ Email: ________________

Length of Your Pledge: Annual ___ 6 Month ___ 3 Month ___

Fee: FREE!

Are you an LFP member: Yes______ No________
If not, do you want a free membership for the 100-mile: Yes__ No__

State your Pledge Here or Keep it in your Journal for Privacy:
________________________________________________________________________
________________________________________________________________________

Please list what you would like to see offered as part of this network:

Meet Ups: Weekly ____ Twice/Month______ Once/Month ______

Blogs__ Cooking Classes__ Pledge Buddy__ Passbook __ Dedicated FB__

Farm Map__ Personal Portfolio (Binder or Journal) __ Host dinners__

Other Ideas for support within this network:
________________________________________________________________________
________________________________________________________________________

Any Comments: __________________________________________________________

Signed: ___________________________ Date: ___________

localfoodsplymouth.projects@gmail.com 603-536-5030