

Date \_\_\_\_\_

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Town, State Zip \_\_\_\_\_

Contact Information

Telephone \_\_\_\_\_

Email \_\_\_\_\_

To:

Town of Ashland, NH

20 Highland St.

Ashland, NH 03217

\_\_\_\_\_ pledge(s) \$ \_\_\_\_\_ to the Town of Ashland, NH  
*Your Name* *Amount*

for the grant matching requirement of the Ashland Waterfront Redevelopment Project.

Payment will be paid to the Town of Ashland upon the passage of Warrant Article 22.

\_\_\_\_\_  
*Signature*