

SEED DONATION FORM

Seed Name:

Scientific Name (if known):

Variety:

Annual

Perennial

Biennial

Full Sun

Part-Sun

Shade

SEED SOURCE

From the Seed Library? Y / N

If no, what source?

Open-pollinated/heirloom seed?

Yes ____ No ____ Unsure ____

Location & date of harvest?

Donor name & email (optional):

Notes/Story: