



Seed Donation Form

Please fill out as much information as you are able and return with your seed donation.

Common Name: _____

Scientific Name: _____

Variety: _____

Original Seed Source: _____

Open-pollinated/heirloom seeds?

yes no unsure

Attempts to prevent cross-pollination (isolation, distance, hand-pollination, planting only one variety from each family, etc.)?

yes no unsure

Location/Date of harvest: _____

Notes/Story: _____

Name: _____

Phone #: _____

Thank you for saving and sharing seeds with your Seed Library!



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