



SEED DONATION FORM

Please fill out as much information as you are able to & return this slip with each seed donation.

SEED NAME: _____

SEED 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: _____

DONOR NAME (Optional): _____

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



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