



SEED DONATION FORM

Your Name: _____

Your Phone Number: _____

Please circle or write-in your answers to the best of your knowledge below:

Crop type: *Herb Vegetable Flower*

Common Name: _____

Variety: _____

Harvest Date/Year: _____

Harvest Location: _____

Confidence in Seed Purity: *Confident Unsure*

Circle any that apply: *Heirloom Open-Pollinated Native Organically-Grown Store-Bought*

Please write any additional info you would like to share: _____

PGL Staff Use Only: Intake Date _____ Staff Initials _____



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