Seed Donation Form

Variety Name: ________________________________
Common Name: ________________________________
Scientific Name: ________________________________
Grower’s Name: ________________________________
Location of Harvest: ________________________________
Year: ________________________________
Days to Maturity: ________________________________
Notes: ________________________________

☐ Annual ☐ Perennial ☐ Biennial

☐ Food ☐ Flowers ☐ Fiber ☐ Medicinal

☐ Heirloom ☐ Open-Pollinated ☐ Hybrid ☐ Unknown

Organically grown? ☐ Yes ☐ No

Thank you for saving seeds!