



Donated Seed Form



Donor Name		Date of Donation	
Did you plant any of the seeds you're donating?(Circle One)	If yes, please list those below and any growing notes you might have.		Please list any growing notes you might have such as pest damage and pest control measures.
Yes or No			
Did you save seed from any of the plants you grew? If yes, please list them below.	How would you rate yourself as a seed saver? (Circle One)	Please list the number of years you have saved seeds (1st year=0)	Please circle how the seeds you saved were pollinated:
	Beginner or Experienced		Open-pollinated, Hand-pollinated, Cross-Pollinated or Unknown

