



# Helen Warner Branch Seed Library

## Donation Form

*Please fill out with as much information as possible and return with seed donation.*

Donor Name: \_\_\_\_\_ Phone/email: \_\_\_\_\_

Have you saved seeds before? YES NO

How did you hear about the Seed Library? \_\_\_\_\_

### About the Seed:

Seed type: \_\_\_\_\_ Specific variety/color: \_\_\_\_\_

Year harvested: \_\_\_\_\_

Location grown (if outside Battle Creek): \_\_\_\_\_

Original source: \_\_\_\_\_

Did you plant this seed near any other varieties of the same plant? YES NO

If yes, which ones? \_\_\_\_\_ Approximate Distance \_\_\_\_\_

Growing instructions:

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Thank you so much for your seed donation!