



SEED CATALOG DONATION FORM



Plant Name: _____

Date Donated: _____

Were the seeds purchased or harvested from a

Date Harvested/Purchased: _____

plant you grew? (Circle One) Harvested / Purchased

Life Cycle

- Annual
- Perennial
- Other: _____

Seed Type

- Vegetable
- Pollinator
- Other (please list): _____
- Flower
- Fruit
- Herb

Growing Instructions:

Please list any growing details that apply. This will help our community's gardens thrive!

- Direct Seed Distance (in.) _____
- Direct Seed Depth (in.) _____
- Distance between rows (in.) _____
- Thin (ex. 6-8" apart) _____
- Start Indoors? _____
- Days to Germination _____
- Full Sun / Part Sun / Part Shade
- Number of Seeds to Hill _____
- Plant Height _____

Please write below any other growing details or tips to help these seeds succeed!

Contact Details

Contact Name: _____ Phone #: _____

Organization Name: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

By checking this box, I affirm that the seeds are not invasive plant species as defined by the Ohio Department of Agriculture. View current invasive species list. Scan to view list: <https://codes.ohio.gov/ohio-administrative-code/rule-901:5-30-01>



Signature: _____