# Seed Intake Form

**Your Information**

Name: __________________________ ☐ I wish to remain anonymous. Please do not include my name with my seed donation.

**Seed Information** [Please include as much information as possible. Add extra notes to back of sheet.]

**Type:**
- ☐ Vegetable
- ☐ Fruit
- ☐ Herb
- ☐ Floral
- ☐ Other: ________________

**Common Name:** ________________

**Varietal:** ________________

**Days to Maturity:** ________________

**Cycle:**
- ☐ Annual
- ☐ Perennial
- ☐ Biennial
- ☐ Unsure

**Harvest Date:** ________________

**Harvest Location:** ________________

**Degree of confidence in seed purity:**
- ☐ Confident
- ☐ Unsure

**Organically Grown?**
- ☐ Yes
- ☐ No
- ☐ Unsure

**Additional info (check all that apply):**
- ☐ Heirloom
- ☐ Native
- ☐ Open-Pollinated

**BPL Staff Use Only:**

Intake Date: ______________

Initials: _________

[Please include as much information as possible. Add extra notes to back of sheet.]