



Community Seed Bank Deposit Form

Name: _____

Street Address: _____

City, State, ZIP Code: _____

Phone: _____ Email: _____

Plant Species Depositing (Include Cultivar if Known):

Seed Sources:

Number of Seeds (or Weight if Unknown):

Native or Non-Native to Central Iowa: _____

Category (Check all that apply:

_____ Ornamental

_____ Food/Herb

_____ Utility (Rain Garden, Erosion Control, Turf, etc.)

By signing below, you hereby confirm that the above information is correct to the best of your knowledge. Any knowingly false information will result in a permanent ban from further participation in the Prairie Rivers of Iowa Community Seed Bank.

Name (Please Print): _____

Signature and Date: _____
