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:___________________________________________________________________