

OREGON PUBLIC LIBRARY SEED DONATION FORM

Return completed form with your seed donation.

Your Name: _____

Common Name of Seed: _____

Scientific Name of Seed: _____

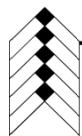
Sun Requirements: _____

Where was the seed originally purchased?

Year Collected: _____

Notes:

Thank you for your donation!



Oregon Public Library

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A member of the South Central Library System

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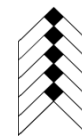
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