



SEED REQUEST FORM

Application Date: _____

Applicant Name/Organization: _____

Country of Mission Service: _____

Departure Date: _____

U.S. Shipping Address: _____

(No P.O. Boxes)

Email Address: _____

Phone Number: _____

Description of Mission Goals and Program: _____

Seed Packets Request – Household Distribution and/or Community Gardens/Seminars:

_____ Estimate of Families Served for **Family Garden Pack**.

(Assortment of species and varieties with the Gospel message, translation if available.)

_____ Estimate of Garden Space Dimension or Conference Attendance for **Zip Sets**.

(30 seed packets of the same variety in one bag with a basic garden instruction insert.)

Return completed form by mail or fax to:

Hope Seeds, Inc. | 4501 Manatee Avenue West, #161 | Bradenton, FL 34209

Office: (941) 228-5660 Fax: (941) 745-3520 Email: info@hopeseeds.org Website: HopeSeeds.org