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