



## 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](mailto:info@hopeseeds.org) Website: [HopeSeeds.org](http://HopeSeeds.org)