

Plant Donation Form

Name _____ Phone # _____ Date _____

Botanical Name

Common Name

Perennial Tree Shrub Fern Grass Herb Edibles

Please Circle only ONE of the best options for your plant in EACH CATEGORY

GROWTH RATE

Dwarf
Slow Growing
Medium Growing
Fast Growing

PLACEMENT

Full Sun >6 hrs
Part Sun 4-6 hrs
(afternoon sun)
Part Shade 4-6 hrs
(morning sun)
Full Shade >6 hrs
Likes sun or shade

FORM

Climbing
Columnar
Irregular
Groundcover
Mounding
Spreading
Upright
Vase-like
Vining
Weeping

BLOOM PERIOD

Fall
Winter
In early Spring
Spring
In early Summer
Summer
Summer to Frost
Good Fall Color
Winter Interest

CLASSIFICATION

Short Lived Perennial
Biennial
Coniferous Deciduous
Coniferous Evergreen
Deciduous Broadleaf
Semi-deciduous Broad
Evergreen Broadleaf
Native

FLOWERS

Red
Orange
Yellow
Green
Blue
Purple
Pink
White
Other _____
Fragrant Y/N

SOIL

Poor well drained
Use well drained
Prefers acidic
Prefers neutral
Prefers alkaline
Prefers dry
Prefers moist
Prefers rich
Tolerates drought
Tolerates wet
Does well in containers

HEIGHT

_____ to _____ IN
FT

Space or spread

_____ to _____ IN
FT

**PLANT HAS
FRUIT**

Toxic Y/N
Color of berries

Fruiting season:
Spring
Summer
Fall
Winter

Comment _____