



Central North Dakota Steam Threshers, Inc.

REQUEST TO DONATE EQUIPMENT FORM

Owner: _____

Social Security #: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Description: _____

Make: _____ Mode: _____ Year: _____

Your Estimated Value: \$ _____ (This MUST be completed by the Donor)

Does this item require a special storage location: _____ If Yes, Estimate cost to CNDSTR to provide: \$ _____

Is it in running order? _____ Has it been painted: _____

How much work is required to prepare for exhibit? _____

HOW is the item significant and WHY should it be preserved? _____

Notes and Information:

Return Completed Form To: CNDSTR PO Box 375 New Rockford, ND 58356 or
cndstr@yahoo.com