Central North Dakota Steam Threshers Reunion
REQUEST TO DONATE EQUIPMENT FORM

Owner: _____

Social Security #: _____Telephone: _____

Address:_____

City/State/Zip:_____

Description: _____

_____

_____

Make: _____ Model: _____ Year:_____

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

Does this item require a special storage location: Yes No Estimated cost to CNDSTR to provide: $_____

Is the item in running order: Yes No Has it been painted: Yes No

How much work is required to prepare for exhibit? _____

_____

_____

How is the item significant and **Why** should it be preserved? _____

_____

_____

_____

Additional notes and information: _____

_____

_____

_____

Please return completed form & donation to:

CNDSTR
PO Box 375
New Rockford, ND 58356
cndstrtreasurer@gmail.com