



Central North Dakota Steam Threshers, Inc.

DONATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

THIS CONTRIBUTION IS MADE IN MEMORY OF: _____

PLEASE DIRECT MY GIFT TO: _____

DONATION AMOUNT: \$ _____

DO YOU WISH TO HAVE A 501(c)(3) TAX RECEIPT: YES _____ NO _____

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