Central North Dakota Steam Threshers Reunion
DONATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Email: _____

This contribution is made in memory of: _____

Additional Information you would like to provide: _____

_____

_____

Please direct my gift to:	Amount:
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Donation Amount: $_____

Do you wish to have a 501(c)(3) Tax Receipt: Yes _____ No _____

Please return completed form & donation to:

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

FOR REUNION OFFICE USE

Check No. _____ Cash _____
Date Paid _____ Initials _____