

Mail this form to:  
Never Surrender Inc  
4894 Miller Trunk Hwy, Hermantown, MN 55811



**Rider's Name** \_\_\_\_\_

☐ Enclosed is my donation of \$ \_\_\_\_\_

☐ Please charge my credit card \$ \_\_\_\_\_ and send me a receipt.

Card: \_\_\_\_\_ Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

\$ \_\_\_\_\_ Received by Never Surrender Inc

\_\_\_\_\_ Invoice date

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