

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



Rider's Name _____

Enclosed is my donation of \$ _____

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

Card: _____ Exp Date _____

Donor Name _____
Address _____
City, St, Zip _____

\$ _____ Received by Never Surrender Inc
_____ Invoice date

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