

Back Country Horsemen of Idaho Foundation

P O Box 498, Newport, WA 99156

RECEIPT FOR DONATION

Business/Donor: _____

Contact Name: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Chapter Name: _____

Chapter Member Contact: _____

To be used for:

_____ Education

_____ Work Projects

_____ State Conventions

Other: _____

Quantity	Description of Item	Fair Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount _____

Less Goods, Payment and/or Services Provided _____

Donation Amount _____

Thank you for your support of The Back Country Horsemen of Idaho Foundation, 501(c)3 public, charitable, non-profit organization. We appreciate your donation. Please retain this receipt as proof of your gift for federal income tax purposes. Your gift is deductible as a charitable contribution to the extent that it exceeds the value of goods and/or services you received in exchange for your gift.

82-0510506

Signature BCHIF Representative

Foundation Exempt Number

Date of Receipt