

Back Country Horsemen of Idaho Foundation  
Exempt Number 82-0510506

## GRANT/DONOR DEPOSIT

Deposit Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Grant/Donor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Have you given the Donor a Receipt? \_\_\_\_\_ Date receipt given \_\_\_\_\_

**A. Is the Foundation to take deposits and disburse funds only?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Name of Person(s) who may authorize disbursements:

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Print Name	Signature	BCHI Chapter
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Print Name	Signature	BCHI Chapter
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**B. Is the Foundation to administer the Grant/Donation program with responsibility for usage of funds:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of the Grant/Donation with its terms and conditions.

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BCHIF Chapter Representative Printed Name	Signature
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Chapter Name  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_