

**Back Country Horsemen of Idaho Foundation**  
**RECEIPT FOR DONATION**

Business/Donor: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Chapter Name: \_\_\_\_\_

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

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

Chapter Member Contact: \_\_\_\_\_

To be used for:

\_\_\_\_\_ Education

\_\_\_\_\_ Work Projects

\_\_\_\_\_ State Conventions

Other: \_\_\_\_\_

<b>Quantity</b>	<b>Description of Item</b>	<b>Fair Market Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount \_\_\_\_\_

Less Goods, Payment and/or Services Provided \_\_\_\_\_

Donation Amount \_\_\_\_\_

(Checks to made out to the Chapter named above)

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