



**Back Country Horsemen of Idaho Foundation, Inc.
RECEIPT FOR DONATION**

Donor: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State _____ Zip: _____

Donee Chapter Name: _____

Chapter Address: _____

City: _____ State _____ Zip: _____

Chapter Contact & Phone: _____

Donation to be used for: Education Work Projects State Convention

Other: _____

Donation Amount:

Cash donated

FMV and Description of Goods donated

Total Donation _____

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Thank you for supporting Back Country Horsemen of Idaho Foundation, Inc., a 501 c3, public, charitable, non-profit organization. We appreciate it. 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 it.

82-0510506

Signature BCHIF Representative

Foundation Exempt Number

Date of Receipt