

Back Country Horsemen of Idaho Foundation
P O Box 498, Newport, WA 99156
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:

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.

BCHIF Chapter Representative Printed Name	Signature
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Chapter Name
Address: _____

City: _____ State _____ Zip _____