

**Back Country Horsemen Education Foundation of America**  
**Charitable Donation & Request Form**

Charitable Donations may be processed through the Back Country Horsemen of America Education Foundation. Make checks payable to "Backcountry Horsemen Education Foundation". Minimum Donation is \$25.00.

Mail this form to: BCHA Foundation, PO Box 1367, Graham, WA 98338-1367. (1-888-893-5161)

Date\_\_\_\_\_

Donor Name\_\_\_\_\_ Individual\_\_\_\_\_

Organization\_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Donation Amount \_\_\_\_\_ (if more than one check is needed to reach minimum, show total)

Define Educational Purpose:

Designated\_\_\_\_\_

Undesignated\_\_\_\_\_

**Requesting Organization** \_\_\_\_\_ State \_\_\_\_\_ Chapter/Unit \_\_\_\_\_

State Committee or Chapter/Unit Name \_\_\_\_\_

Contact Person \_\_\_\_\_

State or Chapter/Unit Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Request Funds: Return\_\_\_\_\_ Hold for Interest\_\_\_\_\_

Signature of State or Chapter/Unit/Affiliate Applicant

\_\_\_\_\_

**Back Country Horsemen Education Foundation of America**  
**PO Box 1367**  
**Graham WA 98338-1367**  
**1-888-893-5161**  
**Grant/Award Form**

**Requesting Organization**

BCH State \_\_\_\_\_ Chapter/Unit/Affiliate \_\_\_\_\_ Other \_\_\_\_\_

BCH State, Committee, or Chapter/Unit/Affiliate Name:

\_\_\_\_\_

Other Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Purpose of Grant/Award \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Revised 2/21/06

Office Use: Date Received \_\_\_\_\_ Response: \_\_\_\_\_

\_\_\_\_\_