



Indiana Equine Foundation  
Foundation Charity Horse Shows

INCOME / EXPENSE / SPONSORSHIP / DONATION

VOUCHER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ CASH / CHECK / VENMO

IN-KIND DONATION ITEM: \_\_\_\_\_

CASH VALUE \$ \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ RECIEVED BY: \_\_\_\_\_

\*Please be sure to enclose copied of receipts for payments\*

**EIN#: 83-1582693**