

Name of Licensed Organization

1199 Shoreline Dr., Suite 100 Boise, ID 83702

Phone: 208-334-2277 Fax: 208-334-2391

CHARITABLE CONTRIBUTION DISTRIBUTION LIST

Email Address

INSTRUCTIONS: Complete this schedule if your organization made charitable contributions of gaming proceeds to other organizations and/or individuals. This form MUST be attached to your Annual Raffle Report or Annual Bingo Report. If your organization did not make charitable contributions to other organizations or individuals, write NONE. Attach additional sheets if necessary.

Address (number and street)						Federal Identification Number				
City		State	Zip		County					
For Reporting Pe	eriod Beginning (date)			For Reporting P	eriod Ending (da	te)				
j		Receiving Organization/Individ	lual			ľ	How Paid			
Date of Distribution	Name of Organization OR Individual	Address	Contact Person		Telephone Number	Dollar Amout of Contribution	Check #	Other**	Purpose of Contribution	
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^{**} If contribution was not paid by check issued by your organization, please note method of payment and provide supporting documentation.