CHARITABLE REMAINDER TRUST RECEIPT

Planned Giving Program

RECEIPT NUMBER

DATE OF RECEIPT

DONOR INFORMATION

DONOR NAME(S)

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

TRUST INFORMATION

NAME OF TRUST

TRUST TAX ID / EIN

TRUST DATE

TRUSTEE NAME

TRUST TYPE

☐ CRUT (Unitrust) ☐ CRAT (Annuity Trust)

CONTRIBUTION DETAILS

Description of Contributed Asset(s)	Date Transferred	Cost Basis	Fair Market Value

Description of Contributed Asset(s)	Date Transferred	Cost Basis	Fair Market Value

The eligible charity acts as the remainderman of the trust described above. This receipt acknowledges receipt of the asset(s) listed above into the named Charitable Remainder Trust. No goods or services were provided in exchange for this contribution other than the right to receive payments from the trust as specified in the trust agreement. Please consult your tax advisor to determine the deductible amount of this contribution.

Authorized Signature (Charity Representative)

PRINTED NAME

TITLE

Date