DISCRETIONARY TRUST

Charitable Distribution Receipt

Receipt No: _____ **Date:** _____

TRUST DETAILS (DISTRIBUTOR)

Name of Trust:

Name of Trustee(s):

Address:

RECIPIENT DETAILS (BENEFICIARY)

Charity/Organization Name:

Registered Charity Number:

Address:

DISTRIBUTION INFORMATION

Amount Distributed ($):

Amount in Words:

Method of Payment:

Date of Transfer:

The Recipient acknowledges receipt of the distribution specified above, made by the Trustees of the aforementioned Trust in accordance with the discretionary powers vested in them. The Recipient confirms that these funds will be applied solely towards the charitable purposes of the organization.

For the Trustees (Distributor)

Authorized Signature

Print Name:

For the Beneficiary (Recipient)

Authorized Signature

Print Name:
