ANNUAL TRUST DISTRIBUTION RECEIPT

Charitable Trust Distribution

Receipt No: _____ **Date:** _____

Fiscal Year: _____ **Tax ID/Reg No:** _____

TRUST DETAILS (DISTRIBUTOR)

Name of Trust: ----------

Address: ----------

Trustee Name(s): ----------

BENEFICIARY DETAILS (RECIPIENT CHARITY)

Charity Name: ----------

Registered Address: ----------

Charity Commission No: ----------

DISTRIBUTION DETAILS

Distribution Amount: ----------

Amount in Words: ----------

Method of Transfer: ----------

Reference / Check No: ----------

I, the undersigned, acting as an authorized representative of the Recipient Charity, hereby acknowledge receipt of the aforementioned distribution from the Trust. These funds are received exclusively for the charitable purposes for which the organization is established.

_____

Authorized Trustee Signature

For the Trust

Date

_____

Authorized Officer Signature

For the Recipient Charity

Date