CHARITABLE TRUST

Interim Distribution Acknowledgment Form

Trust Name:

Date of Distribution:

Receipt Number:

Tax ID / EIN:

Beneficiary Name:

Address:

Representative Contact:

Description of Distribution / Purpose	Payment Method / Ref No.	Amount ($) / Asset Value

The undersigned beneficiary hereby acknowledges receipt of the interim distribution described above, representing a disbursement from the principal and/or income of the aforementioned Charitable Trust. The beneficiary warrants and certifies that these funds or assets shall be utilized solely for the charitable purposes and objectives outlined in the Trust Agreement and governing bylaws, in compliance with applicable local, state, and federal regulations.

AUTHORIZED BENEFICIARY SIGNATURE

Print Name:

Title:

Date:

TRUSTEE / AUTHORIZED REPRESENTATIVE

Print Name:

Title:

Date:

Please retain a signed copy of this document for your fiduciary and accounting records.