

ORDER OF MALTA - AMERICAN ASSOCIATION
AREA DONATION
SHORT FORM 3/11/14 - LESS THAN \$5,000

Name of Charitable Organization: _____

Address: _____

Phone Number: _____ Fed ID# _____

Method of distribution:

Check: ___ Ck# _____ (copy of check attached) Gift Cards ___ # of cards _____

Total \$ amount _____ (Please note if over \$5,000 use the Association Grant Application)

Receipt of the foregoing contribution is hereby acknowledged and it is agreed that it will be used exclusively to further the work of your organization.

Purpose of the Contribution:

CONTRIBUTIONS ARE MADE AT THE DISCRETION OF THE ORDER OF MALTA, AMERICAN ASSOCIATION.

By accepting this contribution, you acknowledge that the Order of Malta, American Association has no responsibility for the governance or the management of your organization.

This contribution and any volunteer services or individual gifts contributed by members of the American Association, do not constitute sponsorship of your organization by the Order or the American Association or create anything other than a donor/donee relationship. Responsibility for the oversight and operation of your organization rests solely with your leadership and not the Order of Malta, the American Association or any of its members. The contribution provided herein and any volunteer services performed by our members are solely intended as a gift to further the worthy endeavors of your organization.

If your organization deals with children, as a condition for accepting this grant, you certify that background checks have been completed on all participants including employees and volunteers and that appropriate training of such participants has been conducted.

Name of Senior Officer of the Organization (please print or type)

Signature of Senior Officer

Date

Title

Signature of Area Chair

Date

Form must be attached to Area Bank Reports