

**ORDER OF MALTA - AMERICAN ASSOCIATION
ACKNOWLEDGEMENT OF AREA DONATION RECEIPT**

(\$5,000 or Greater)

Donation of _____ Area

Name of Organization:

Check No.

Receipt of the foregoing contribution of \$ _____ is hereby acknowledged and it is agreed that it will be used exclusively as per your request.

Please indicate whether or not any goods or services were provided to the Order of Malta, American Association is in consideration for this contribution (such as food, beverages, entertainment received at fundraising events).

YES NO

If yes, please describe what was provided to the Order of Malta, American Association and give a good-faith estimate of the value of the goods or services provided:

Description	Est. Value\$
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CONTRIBUTIONS ARE MADE AT THE DISCRETION OF THE ORDER OF MALTA, AMERICAN ASSOCIATION.

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

This grant, 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 grant provided herein and any volunteer services performed by our members are solely intended as a gift to further the worthy endeavors of your organization. Although your organization may be described as a "Malta Project" or "Malta Ministry," those descriptions are intended only to help Association members identify charitable organizations suitable for support as part of their as part of our mission and their obligations as members of the Order of Malta.

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

PLEASE RETURN TO:
KATHLEEN LYONS, CONTROLLER
ORDER OF MALTA, AMERICAN ASSOCIATION
1011 FIRST AVENUE - SUITE 1350
NEW YORK, NY 10022