



**PLEDGE AGREEMENT**  
**Sherman County Sprouts, Inc.**

Sherman County Sprouts, Inc. and community partners are planning to renovate an existing building into an Early Childhood Development Center to be operated as a 501(c)3 organization, located in Loup City, NE.

Donor understands and agrees that Sherman County Sprouts intends to rely on this Agreement and the amounts pledged pursuant hereto for budget and future planning and expenditures. It is the express agreement and intention of the Donor and the Fund that this Agreement and the pledge set forth herein be enforceable in contract and is supported by due consideration.

Donor hereby pledges and agrees to pay Sherman County Sprouts for the benefit of the Account the total sum of \$ \_\_\_\_\_ (the "Pledge").

The Pledge shall be paid directly to the Sherman County Sprouts. Donor agrees to fulfill the Pledge as follows:

As a lump sum when called or over the next \_\_\_\_ years (not to exceed five years), with installments to be paid: monthly / quarterly / annually, starting on \_\_\_\_\_, 20\_\_ in the amount of \$ \_\_\_\_\_.

The Donor agrees that the Pledge shall be fulfilled with:

Cash, Securities, Agricultural Commodities, or Other \_\_\_\_\_.

Donor, Fund and Account all acknowledge and understand that the Pledge is binding, enforceable, and irrevocable upon the receipt of \$1,100,000.00 in total commitments to the Sherman County Sprouts for the benefit of the Account. Upon the receipt of \$1,100,000.00 in total commitments to Sherman County Sprouts for the benefit of the Account Donor intends that this Agreement shall create obligations that are binding and enforceable against the Donor and its/his/her/their heirs, successors, successor trustees, personal representatives, assigns, transferors and estate and the Donor covenants and promises that the Pledge will be fulfilled as an enforceable obligation of the Donor.

This Agreement shall be construed in accordance with and be governed by the laws of the State of Nebraska and any applicable federal laws of the United States. This Agreement constitutes the entire agreement and understanding between the parties, and supersedes any prior agreements, negotiations, or understanding between or among the Donor and Sherman County Sprouts relating to the subject matter of this Agreement.

\_\_\_\_\_  
Signature, Donor

\_\_\_\_\_  
Signature, Authorized Representative of Sherman County Sprouts

\* Please note that while it is necessary to secure pledges for the benefit of the Account, it is the intent to only collect funds after securing the required level of commitment, \$1,100,000 (the "Required Commitment"). If any funds are collected prior to receiving the Required Commitment and the Required Commitment is not secured, funds donated will be used for childhood development activities in Sherman County, Nebraska.

**DONOR ACH AUTHORIZATION**  
(Automatic Withdrawal)

I (we) wish to make a tax-deductible gift on a monthly / quarterly / annual basis. I (we) authorize the Sherman County Sprouts and my financial institution to initiate a withdrawal from the bank account listed below for payments to the Sherman County Sprouts, Inc. to support the Sherman County Sprouts, Inc. Account. I (we) understand that this gift will be deducted from my (our) account as follows:

Amount: \$ \_\_\_\_\_ monthly / quarterly / annually

Beginning: Month \_\_\_\_\_ Year \_\_\_\_\_

Ending: Month \_\_\_\_\_ Year \_\_\_\_\_

I (we) authorize any necessary credit entries, debit entries and adjustments to my (our) account in connection with this transaction.

This authority will remain in effect until (1) the Sherman County Sprouts has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Sherman County Sprouts Inc. reasonable opportunity to act on it; or (2) the end date noted above.

\_\_\_\_\_  
Donor Name(s) (Please Print)

\_\_\_\_\_  
Address: City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Account Owner + Date

\_\_\_\_\_  
Signature of Account Owner + Date

\_\_\_\_\_  
Financial Institution Name + Branch (If Applicable)

\_\_\_\_\_  
Address: City, State, Zip Code

\_\_\_\_\_  
Transit Routing Number (ABA)

\_\_\_\_\_  
Account Number + Checking or Savings