

## Pledge

I would like to pledge the following to the  
Sherman County Community

- | Gift Amount Per YEAR                          | I will pay                             |
|---|--|
| <input type="checkbox"/> \$120.00             | <input type="checkbox"/> monthly       |
| <input type="checkbox"/> \$180.00             | <input type="checkbox"/> quarterly     |
| <input type="checkbox"/> \$240.00             | <input type="checkbox"/> semi-annually |
| <input type="checkbox"/> \$360.00             | <input type="checkbox"/> annually      |
| <input type="checkbox"/> \$_____ Other Amount |  |

### My gift will be

- By check (made payable to Sherman County Community Foundation).
- I would like to set up an automatic withdrawal (COMPLETE NEXT COLUMN)

My gift will be placed in the General Fund, or designated for use as grants for \_\_\_\_\_ Community.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE MAIL COMPLETED FORM TO:**

**Sherman County Community Foundation  
PO Box 35  
Loup City, NE 68853**

## Authorization Agreement for Automatic Withdrawals

I (we) hereby authorize the Sherman County Community Foundation, Inc. to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):

- Checking
- Savings account

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Debit: \_\_\_\_\_

- Frequency:
- monthly
- quarterly
- semi-annually
- annually

The effective date of debit will be the 10th day of the month. Note: if the effective date falls on a non-business day the transaction will take place on the first business day following the effective date.

Fee For Service: Waived by Heritage Bank-Depository bank for the Sherman County Community Foundation

This authority is to remain in full force and effect until Sherman County Community Foundation, Inc. has received written notification of its termination in such time and in such manner as to afford the Sherman County Community Foundation, Inc. a reasonable opportunity to act on it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR AUTOMATIC WITHDRAWALS  
FROM A CHECKING ACCOUNT,  
PLEASE ATTACH A VOIDED CHECK**