



VINCYCARES SCHOLARSHIP DONOR AGREEMENT

I _____ do hereby agree to donate or contribute to VincyCares the non-refundable sum of _____ dollars annually for five (5) years in support of the **Victoria Sutherland Scholarship Fund**. I understand that VincyCares will select the scholarship recipient based on criteria that has been established by VincyCares. I further understand that VincyCares will be solely responsible for managing the scholarship and that the recipient will be bound to conditions established by VincyCares.

In the event that there are unforeseen circumstances that would preclude me from keeping this commitment, I understand that it is my responsibility to contact and discuss these conditions with VincyCares, before the agreed upon due dates.

In the event that the scholarship is suspended, or forfeited by the recipient, I understand that VincyCares will inform me of that situation, whereupon VincyCares and I will discuss and make a determination on the following:

1. Whether I will suspend the donations until the recipient is reinstated or whether I will continue with the donations which will be held in escrow by VincyCares until the recipient is reinstated.
2. Whether the donations will be terminated or be transferred to another recipient, in the event that the scholarship is forfeited.

Print Name

Signature

Date

Notary Public