

**The State of South Carolina
Office of the Secretary of State
Jim Miles
Public Charities Division**

P. O. Box 11350
Columbia, SC 29211
(803) 734-1790

Professional Solicitor's Cash Bond

KNOW ALL MEN BY THESE PRESENTS, That We: _____
(Names of Professional Fundraising Solicitor)

of _____
(Address of Professional Fundraising Solicitor)

AS PRINCIPAL, are held and firmly bound unto the Director of Public Charities of the State of South Carolina as Obligee for the use and benefit of any person damaged by any breach of the conditions of this obligation in the sum of FIFTEEN THOUSAND (\$15,000.00) DOLLARS for the payment of which sum well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED with our seal, and dated this _____ day of _____, 20____

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

Whereas, the above-mentioned Principal has applied for or will apply for registration as a Professional Solicitor under the Solicitation of Charitable Fund's Act.

NOW THEREFORE, if said Principal shall faithfully comply with provisions of said South Carolina Solicitation of Charitable Fund's Act and with all rules, regulations and orders made pursuant thereto and all amendments thereto now or hereinafter enacted, then this obligation shall be null and void; otherwise to be and remain in full force and effect.

The liability of the Principal under this bond to all persons aggrieved shall in no event exceed in the aggregate fifteen thousand (\$15,000.00) dollars in any registration period.

This Bond is a continuous obligation and shall cover the full period or periods of registration of the Principal, including initial and renewal registrations. Each renewal registration shall be considered a separate registration period for purposes of the Bond.

The cash deposited shall be held for a period of three years after the termination of the registration to cover any cause of action that may have occurred during the period of registration.

Signature of Principal

Sworn to before me this _____ day of _____, 20____

Print Name and Official Position

Signature of Notary

My Commission Expires: _____