1. DONOR INFORMATION

Donor Name: _______________________________________________________ □ Individual □ Business
Contact: __________________________________________________________ Title:________________________________________________________
Address 1: ________________________________________________________
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City: __________________________________ State: ______ Zip: ____________
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Business phone: __________________________ Cell Phone: __________________

2. GIFT INFORMATION

I would like to support The W. Edwards Deming Institute® with a gift of $ _____________.
Please make checks payable to The W. Edwards Deming Institute. Credit card gifts can be made online at www.deming.org

3. PLEDGE INFORMATION

I would like to pledge a gift of $ __________ to be paid in ___(number of payments) of $ __________ by ______(date) according to the following schedule:

Payment 1: $ __________ Date: ____________ Payment 4: $ __________ Date: ____________
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Payment 3: $ __________ Date: ____________ Payment 6: $ __________ Date: ____________

4. GIFT TRIBUTE/DESIGNATION

Please designate my gift for: □ Unrestricted Fund □ Scholarship Fund □ Named Scholarship Fund (minimum $2,000)
My donation is: □ In honor of □ In memory of □ In celebration of
Name of honoree/special occasion: ______________________________________

□ I would like my gift to be anonymous
□ My gift will be matched by my employer (please attach matching gift form)
   Company name: ______________________________________________________

DONOR SIGNATURE: __________________________________________ DATE: ____________________

The W. Edwards Deming Institute is a 501 (c)(3) non-profit organization, federal tax identification number 52-1856624. All gifts are tax deductible to the fullest extent of the law. Send your completed gift/pledge form to The W. Edwards Deming Institute, PO Box 309, Ketchum, ID 83340. Please contact Darlene Suyematsu, Director of Development, at 206-395-3084 or darlene@deming.org with any questions.

Thank you for your gift!
www.deming.org