



ANNUAL CAMPAIGN GIFT/PLEDGE FORM

1. DONOR INFORMATION

Donor Name: _____ Individual Business

Contact: _____ Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home phone: _____ E-mail: _____

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: _____

Payment 2: \$_____ Date: _____ Payment 5: \$_____ Date: _____

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, 500 Westover Dr. #32906 Sanford, NC 27330. 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