



# 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](http://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 \$5,000)

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](mailto:darlene@deming.org) with any questions.

***Thank you for your gift!***  
[www.deming.org](http://www.deming.org)