



Pledge Form for Organizational Pledge Donation
Foundation for the Malcolm Baldrige National Quality Award, Inc.

To demonstrate our commitment to performance excellence in our Nation, we want to invest in the Foundation for the Malcolm Baldrige National Quality Award, Inc., as shown:

The Foundation for the Malcolm Baldrige National Quality Award, Inc. is a 501(c) 3 nonprofit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for this donation. The Foundation's Federal Tax ID # is 59-2891462
 Gift amount:
 Gift date:

Pledge Amount (Organizations with more than 1000 staff members and/or associates)

_____ Trustee (\$150,000) _____ Benefactor (\$100,000-\$149,999)
 _____ Partner (\$50,000-\$99,999) _____ Sponsor (\$25,000-\$49,999)
 _____ Other (\$ _____)

Pledge Amount (Organizations with fewer than 1000 staff members and/or associates)

_____ Small Business Trustee (\$25,000)

Instructions for payment: Your donation can be made in one lump sum payment or in two equal annual payments. Your organization will be invoiced to the contact person specified below: *Please note: A portion of your total donation may be distributed and invested in your organization's State Award Program.*

Choose from the following by placing an X on your preference:

Full Payment _____ 1/2 payable this year _____ 1/2 payable next year _____

Please indicate the State Award program and/or programs you would like this donation to be directed to and indicate the % of the total payment to be made (*Note: Payment to State Programs must be made with the first payment only*)

_____ State #1 - Indicate the State Program and % _____ of total donation portion applied

_____ State #2 - Indicate the State Program and % _____ of total donation portion applied

If you prefer that your entire donation remain with the Foundation for support of the national program only please indicate by signing below:

_____ I prefer that the entire donation/investment support the National Baldrige Program

Please list our membership as:

Organization: _____

Name of Highest Ranking Official: _____

Title: _____

Address: _____

Phone: _____

By: _____

(Signature)

(Date)

Organization Contact Name: _____ Phone: _____ Email Address: _____

Billing Address:

Name: _____

Company: _____

Address: _____

Please return to:

Thomas Schamberger
 Executive Director, Foundation for Malcolm Baldrige National Quality Award, Inc.
 165 Summit Ridge
 Maryville, IL 62062