

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

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

Pledge Amount

_____ Stewardship Level (\$150.00) _____ Fellowship Level (\$100.00-\$149.99)
_____ Partnership Level (\$50.00-\$99.99) _____ Sponsorship Level (\$25.00-\$49.00)
_____ Internship Level (\$ 5.00-\$24.99)

Instructions for payment: Your donation can be made in one lump sum payment or in two equal annual payments.

SEND CHECK OR MONEY ORDER WITH THIS FORM TO THE ADDRESS LISTED BELOW.

Make Check Payable to – Malcolm Baldrige Foundation, Inc.

Please list your membership as: Individual (Organizational Contributor) or (Personal Contributor)

Individual Contribution (Organizational)

Name: _____

Organization: _____

Title: _____

Business Address: _____

Business Phone: _____

Business Fax: _____

Email Address: _____

By: _____

(Signature)

(Date)

Individual Contribution (Personal)

Billing Address:

Name: _____

Address: _____

Home Phone: _____

Email address: _____

Please return form to the address below:

Thomas Schamberger

Executive Director, Foundation for Malcolm Baldrige National Quality Award, Inc.

165 Summit Ridge

Maryville, IL 62062

Or email the form to ed@baldrigefoundation.org