

PART ONE: EMPLOYEE INFORMATION

Campaign Year: 2017

Name: _____ Pernr#: _____ Organization #: _____ Work County: _____

Cabinet: _____ Dept.: _____ Div.: _____

Work Street Address: _____
(Please no P.O. Boxes) Street Number Street Suite/Floor/Room/Mail Stop # City State Zip

Work Email: _____ Work Phone: _____

Home Street Address: _____
 Street Number Street Apt. # City State Zip

Home Email: _____ Employee Signature: _____
(I authorize KECC to communicate with me using my home email address.) (Required for payroll deduction)

I authorize KECC to release my name and home address to the organizations I have designated for purposes of gift acknowledgement.

PART TWO: PLEDGE AMOUNT

YES! I want to help people in need throughout Kentucky!

Payroll Deduction

One-Time Cash / Check

Amount Per Pay Period:	Calculate Total Annual Gift
<input type="checkbox"/> \$200 <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3	Payroll x 24 = \$ _____
<input type="checkbox"/> Other amount per pay period \$ _____	

CASH \$ _____

LEADERSHIP CIRCLE: The total amount pledged above represents a leadership gift of at least 1% of my annual salary.

PART THREE: CHARITY DESIGNATION

(When you choose one of the KECC Charities, 100% of your gift goes to the charity of your choice!)

PLEASE SELECT ONE: I want my donation to be sent to the charities listed below. I want my donation to be shared by the state-approved charities.

American Cancer Society
Amount: \$ _____

March of Dimes
Amount: \$ _____
County (optional): _____

Christian Appalachian Project
Amount: \$ _____

Prevent Child Abuse Kentucky
Amount: \$ _____
County (optional): _____

Community Health Charities
Amount: \$ _____
County (optional): _____
Agency (optional): _____

United Way of Kentucky
Amount: \$ _____
County (required): _____
Agency (optional): _____

Kosair Charities
Amount: \$ _____

WHAS Crusade for Children
Amount: \$ _____

To support one of the above federations in more than one county or agency, please specify in the "Charity" lines below.

Charity _____
Amount: \$ _____
County (optional): _____
Agency (optional): _____

Charity _____
Amount: \$ _____
County (optional): _____
Agency (optional): _____

OPTIONAL: I want my donation to be sent to the following write-in charities. [Must be a non-profit and human welfare organization qualifying as an IRS 501(c)(3).]

Org. Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Phone: _____ Amount: \$ _____

Org. Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Phone: _____ Amount: \$ _____

Write-in designations will only be honored for a minimum of \$3 per pay period (\$72 annually) or a minimum of a one-time cash donation of \$50.00. Note: \$0.10 of each \$1.00 donated is withheld to cover the cost of processing write-in designations. If this organization does not qualify as a non-profit organization fulfilling all requirements, or if KECC is unable to locate them by the given address, the donation will be shared by the state-approved charities.

(Total of all charities must equal total annual gift indicated above. These organizations do not provide goods or services as whole or partial consideration for any contributions.)