



Kentucky Employees Charitable Campaign

Version 8/19

Name: _____ Pennr #: _____ Org. #: _____ Work County: _____

Work Address: _____
Street Number Street Suite/Floor/Room City State Zip

Home 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.

PLEDGE AMOUNT (REQUIRED)

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	<input type="checkbox"/> Other amount per pay period \$ _____ ➔	Payroll x 24 = \$ _____ <input type="checkbox"/> CASH \$ _____

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

DONATION TYPE: CHOOSE OPTION ONE OR OPTION TWO

OPTION ONE: IMPACT DESIGNATION

I want my donation to be sent to the selected Impact Areas below - *please select one of more.*
Selecting more than one option will result in your gift being evenly distributed between your selected Impact Areas.

- Give Education:** I want my donation to be sent to the Impact Area of Education.
- Give Family Stability:** I want my donation to be sent to the Impact Area of Family Stability.
- Give Health:** I want my donation to be sent to the Impact Area of Health.
- Give Basic Needs:** I want my donation to be sent to the Impact Area of Basic Needs.

OPTION TWO: CHARITY DESIGNATION

SHARE OR DESIGNATE: I want my donation to be shared by the state-approved charities, or I want my donation to be sent to the charities designated below.

American Cancer Society
Amount: \$ _____

Christian Appalachian Project
Amount: \$ _____

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

Kosair Charities
Amount: \$ _____

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

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

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

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 designations must equal total annual gift indicated above. These organizations do not provide goods or services as whole or partial consideration for any contributions.**