

**PART ONE: EMPLOYEE INFORMATION**

**Campaign Year: 2018**

Name: \_\_\_\_\_ Perm#: \_\_\_\_\_ 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 \$ _____	

<input type="checkbox"/> CASH \$ _____
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**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.)**