

PART ONE: EMPLOYEE INFORMATION
Campaign Year: 2015

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.

Your Contribution Goes a Long Way...
\$50 per payroll can provide:

- ♥ Eleven weeks of preschool to a child of a low-income family

\$25 per payroll can provide:

- ♥ Four to six wheelchair ramps for people with disabilities

\$15 per payroll can provide:

- ♥ The opportunity for a child with asthma to attend camp in a supportive setting

\$10 per payroll can provide:

- ♥ 100 warm meals to hungry families and individuals

\$6 per payroll can provide:

- ♥ Language sessions to a stroke survivor to help restore ability to talk

\$3 per payroll can provide:

- ♥ Back to school supplies for eight children

PART TWO: PLEDGE AMOUNT
YES! I want to help people in need throughout Kentucky!

Payroll Deduction		One-Time Cash / Check
Amount Per Payroll: <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 Payroll \$ _____		<input type="checkbox"/> CASH/CHECK \$ _____
Calculate Total Annual Gift Payroll x 24 = \$ _____		

 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!)*

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- I want my donation to be shared by the state-approved charities.
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- Please distribute to the state-approved charities as indicated below:

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: \$ _____

Christian Appalachian Project

Amount: \$ _____

Community Health Charities

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

Kosair Charities

Amount: \$ _____

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

Write-in designations will only be honored for a minimum of \$3 per payroll (\$72 annually) or a minimum of a one-time cash/check 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.

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