

# NEW EMPLOYEE PLEDGE FORM

## 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!**

### Recurring Payroll Deduction

Amount Per Payroll:

- 
- \$50
- 
- \$25
- 
- \$15
- 
- 
- \$10
- 
- \$6
- 
- \$3

 Other amount per payroll \$ \_\_\_\_\_ →

Calculate Total Annual Gift:

Multiply the payroll amount by the # of pay dates remaining in the current calendar year = \$ \_\_\_\_\_

### One-Time Gift (Check)

 Amount: \$ \_\_\_\_\_  
(Please attach to form.)
 **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!)*

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

**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: \$ \_\_\_\_\_

*(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.)*

## Thank you for your pledge!

*Have questions about KECC?*
*Call us at 502-589-2296 or visit KECC.org today!*
**To be completed by HR Administrator:**

- 
- Copy provided to employee
- 
- 
- Payroll Deduction: Set-up complete (to begin \_\_\_\_\_) and form faxed to KECC at 502-589-0057.
- 
- 
- One-Time Gift: Form faxed to KECC. Form / payment mailed to KECC.

Completed by: \_\_\_\_\_

Completed on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_