

SEPARATION PLEDGE FORM

PART ONE: EMPLOYEE INFORMATION

Campaign Year: 2015

Name: _____ Pennr#: _____ Organization #: _____ Work County: _____

Cabinet: _____ Dept.: _____ Div.: _____

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...

A \$2500 gift can provide:

♥ A semester of preschool to a child of a low-income family

A \$1200 gift can provide::

♥ Eight wheelchair ramps for people with disabilities

A \$750 gift can provide:

♥ The opportunity for 2 children with asthma to attend camp in a supportive setting

A \$500 gift can provide:

♥ 200 warm meals to hungry families and individuals

JOIN THE CORNERSTONE SOCIETY and make your final payout count! Select your Qualifying Membership Level:

- | | | |
|---|---|--|
| <input type="checkbox"/> Cornerstone Level: \$1,000 - \$1,499 | <input type="checkbox"/> Hearthstone Level: \$5,000 - \$7,499 | Name for Recognition Purposes: _____ |
| <input type="checkbox"/> Touchstone Level: \$1,500 - \$2,499 | <input type="checkbox"/> Keystone Level: \$7,500 - \$9,999 | <input type="checkbox"/> My Membership Level is based on a combined gift with my spouse. |
| <input type="checkbox"/> Flagstone Level: \$2,500 - \$4,999 | <input type="checkbox"/> Capstone Level: \$10,000 and up | Spouse Name (if applicable): _____ |

PART TWO: PLEDGE AMOUNT

YES! I want to help people in need throughout Kentucky!
 One-Time Payroll Deduction

AMOUNT: \$ _____

/or/

 Other One-Time Gift

 Credit Card

 AMOUNT: \$ _____
 Card Number: _____
 Card Type: Visa MC AmEx Disc
 Security #: _____ Exp.: _____

 Check Gift

AMOUNT: \$ _____

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:

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

To be completed by HR Administrator:

-
- Copy provided to employee
-
-
- Payroll Deduction: Set-up complete and form faxed to KECC at 502-589-0057. (To deduct on _____.)
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-
- One-Time Gift: Form faxed to KECC. If paid by check, the original form and payment was also mailed.

Completed by: _____

Completed on: ____ / ____ / ____