

NEW EMPLOYEE PLEDGE FORM

PART ONE: EMPLOYEE INFORMATION

Campaign Year: 2016

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 pay period can provide:

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

\$25 per pay period can provide:

- ♥ Four to six wheelchair ramps for people with disabilities

\$15 per pay period can provide:

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

\$10 per pay period can provide:

- ♥ 100 warm meals to hungry families and individuals

\$6 per pay period can provide:

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

\$3 per pay period 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 Pay Period:		
<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 \$ _____	<input type="checkbox"/> CASH \$ _____
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:

 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: \$ _____

(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!