



Name: _____ Pennr #: _____ Org. #: _____ Work County: _____

Work Address: _____
Street Number Street Suite/Floor/Room City State Zip

Home 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.

PLEDGE AMOUNT (REQUIRED)

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	<input type="checkbox"/> Other amount per pay period \$ _____ ➔	<input type="checkbox"/> CASH \$ _____
Payroll x 24 = \$ _____		

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

DONATION TYPE: CHOOSE OPTION ONE OR OPTION TWO

OPTION ONE: IMPACT DESIGNATION

I want my donation to be sent to the selected Impact Areas below - *please select one of more.*
Selecting more than one option will result in your gift being evenly distributed between your selected Impact Areas.

- Give Education:** I want my donation to be sent to the Impact Area of Education.
- Give Family Stability:** I want my donation to be sent to the Impact Area of Family Stability.
- Give Health:** I want my donation to be sent to the Impact Area of Health.
- Give Basic Needs:** I want my donation to be sent to the Impact Area of Basic Needs.

OPTION TWO: CHARITY DESIGNATION

SHARE OR DESIGNATE: I want my donation to be shared by the state-approved charities, or I want my donation to be sent to the charities designated 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: \$ _____

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): _____

(Total of all pledges 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 donation!
Have questions about KECC?
Call us at 502-589-2296 or visit KECC.org today!

PLEASE MAKE CHECK GIFTS PAYABLE TO "KECC".
ONE-TIME GIFTS MAY BE SUBMITTED BY MAIL TO: KECC, P.O. BOX 4653, LOUISVILLE, KY 40204.
DO NOT SEND CASH BY MAIL. TO MAKE AN ONLINE GIFT VIA CREDIT CARD OR ACH DEBIT, PLEASE VISIT KECC.ORG.