



# Kentucky Employees Charitable Campaign

Version 8/2020

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 \$ _____ ➔	Payroll x 24 = \$ _____  <input type="checkbox"/> CASH \$ _____

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): \_\_\_\_\_

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

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

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

Write-in designations will only be honored for a minimum of \$3 per pay period (\$72 annually) or a minimum of a one-time cash 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. **Total of all designations 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!** PLEASE MAKE CHECKS 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.