

# NEW EMPLOYEE PLEDGE FORM

## PART ONE: EMPLOYEE INFORMATION

**Campaign Year: 2018**

Name: \_\_\_\_\_ Perm#: \_\_\_\_\_ 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.

## PART TWO: PLEDGE AMOUNT

**YES! I want to help people in need throughout Kentucky!**

### Payroll Deduction

### One-Time Cash / Check

Amount Per Pay Period:		Calculate Total Annual Gift	One-Time Cash / Check
<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.

## PART THREE: CHARITY DESIGNATION (When you choose one of the KECC Charities, 100% of your gift goes to the charity of your choice!)

PLEASE SELECT ONE:  I want my donation to be sent to the charities listed below.  I want my donation to be shared by the state-approved charities.

**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 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!**