

SEPARATION 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!

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!)

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): _____

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 \$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 charities must equal total gift indicated above. These organizations do not provide goods or services as whole or partial consideration for any contributions.)

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 _____.)
- One-Time Gift: Form faxed to KECC. If paid by check, the original form and payment was also mailed.

Completed by: _____

Completed on: _____ / _____ / _____