



Campaign Year: \_\_\_\_\_  
Payroll Distribution #: \_\_\_\_\_

In order to payroll deduct your pledge, please write your SSN in this box on the yellow form:

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Cabinet/Agency Name: \_\_\_\_\_

Work County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
(Required for payroll deduction)

**Your Contribution Goes a Long Way...**

**\$50 per paycheck can provide:**

- ♥ Childcare for low income parent, assuring they are able to work

**\$25 per paycheck can provide:**

- ♥ Life skills and literacy training for six individuals

**\$15 per paycheck can provide:**

- ♥ Twenty-six days of shelter, security and food for a victim of domestic violence

**\$10 per paycheck can provide:**

- ♥ Warm water aquatic classes for those suffering with arthritis

**\$6 per paycheck can provide:**

- ♥ Two weeks of before and after school care for one child
- ♥ A Christmas basket, including food, for a family of four

**\$3 per paycheck can provide:**

- ♥ Instruction on effective parenting for two families
- ♥ Two weeks of activities and companionship for four elderly persons

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

♥ STEP #1- Select your donation type and amount:	
<b>Payroll Deduction</b>	<b>One-Time Cash Donation:</b>
<b>Amount per Paycheck:</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3 <input type="checkbox"/> other \$ _____	<b>Total Annual Gift:</b> Payroll x 24 = \$ _____
<input type="checkbox"/> <b>CASH \$</b> _____	

♥ STEP #2- Select your donation distribution:		
<input type="checkbox"/> I want my donation to be shared by all 6 state-approved charities!		
<input type="checkbox"/> I want my donation to be distributed to the state-approved charities as indicated below:		
<small>[Total of all charities must equal total annual gift indicated above.]</small>		
<b>Christian Appalachian Project</b> Amount: \$ _____	<b>Easter Seals Kentucky</b> Amount: \$ _____ Agency (optional): _____	<b>United Ways in Kentucky</b> Amount \$: _____ County (required): _____ Agency (optional): _____
<b>Community Health Charities</b> Amount \$: _____ County (optional) _____ Agency (optional) _____	<b>Prevent Child Abuse Kentucky</b> Amount \$: _____ County (optional) _____	<b>WHAS Crusade for Children</b> Amount: \$: _____
<input type="checkbox"/> I want my donation to be sent to the following charity: <small>[Must be a non-profit and human welfare organization qualifying as an IRS 501(c)3.]</small> <small>[Write-in designations will only be honored for a minimum of \$3 per paycheck (\$72 annually) or a minimum of a one-time cash donation of \$50.00.]</small> <small>If this organization does not qualify as indicated above, or if KECC is unable to locate them by the given address the donation will be shared by the 6 state-approved charities</small>		
Organization Name: _____	Amount: \$ _____	
Address: _____		
City: _____	State: _____	Zip: _____
Org. Telephone #: (____) _____ - _____		

**LEADERSHIP CIRCLE**  The total amount pledged above represents a Leadership Circle gift of *at least* 1% of my annual salary.

I authorize KECC to release my name and address, for purposes of gift acknowledgment, to the voluntary organization(s) I have designated.

My home address is: STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**These organizations do not provide goods or services as whole or partial consideration for any contributions.**

WHITE copy to KECC Administrator - YELLOW copy to Payroll Officer - PINK copy to Donor  
Non-Payroll Deducted Donations can be mailed to: P.O. Box 4653, Louisville, KY 40204