



Campaign Year: _____
Payroll Distribution #: _____

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:	
Payroll Deduction	One-Time Cash Donation:
Amount per Paycheck: <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3 <input type="checkbox"/> other \$ _____	Total Annual Gift: Payroll x 24 = \$ _____
<input type="checkbox"/> CASH \$ _____	

♥ STEP #2- Select your donation distribution:

I want my donation to be shared by all 6 state-approved charities!

I want my donation to be distributed to the state-approved charities as indicated below:
[Total of all charities must equal total annual gift indicated above.]

Christian Appalachian Project	Easter Seals Kentucky	United Ways in Kentucky
Amount: \$ _____	Amount: \$ _____ Agency (optional): _____	Amount \$: _____ County (required): _____ Agency (optional): _____
Community Health Charities	Prevent Child Abuse Kentucky	WHAS Crusade for Children
Amount \$: _____ County (optional) _____ Agency (optional) _____	Amount \$: _____ County (optional) _____	Amount: \$: _____

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

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.
 By completing the section below, 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

[Please do not send currency by mail.]