

PART ONE: EMPLOYEE INFORMATION

Campaign Year: 2016

Name: _____ Pernr#: _____ 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!

Select your Qualifying Membership Level:

- | | | |
|---|---|--|
| <input type="checkbox"/> Cornerstone Level: \$1,000 - \$1,499 | <input type="checkbox"/> Hearthstone Level: \$5,000 - \$7,499 | Name for Recognition Purposes: _____ |
| <input type="checkbox"/> Touchstone Level: \$1,500 - \$2,499 | <input type="checkbox"/> Keystone Level: \$7,500 - \$9,999 | <input type="checkbox"/> My Membership Level is based on a combined gift with my spouse. |
| <input type="checkbox"/> Flagstone Level: \$2,500 - \$4,999 | <input type="checkbox"/> Capstone Level: \$10,000 and up | Spouse Name (if applicable): _____ |

Pledge Information:

Payroll Pledge
Pledge amount per pay period: _____
Number of pay periods: <input type="checkbox"/> 24 <input type="checkbox"/> Other: _____
Total Gift (amount per period x # of pay periods): _____

One-Time Cash / Check Gift
Amount: _____ Check number (if applicable): _____

Gift of Stock
Please contact me: (_____) _____ - _____

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

-
- I want my donation to be shared by the state-approved charities.
-
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- Please distribute to the state-approved charities as indicated 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: \$ _____

(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.)

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- I want my donation to be sent to the following write-in 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 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.	Org. Name: _____
	Address: _____ City: _____
	State: _____ Zip: _____
	Phone: _____ Amount: \$ _____