



# NEW EMPLOYEE PLEDGE FORM

Campaign Year: \_\_\_\_\_

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

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 amount:**

**Payroll Deduction – Amount per Paycheck:**

\$25  \$10  \$6  \$3  other \$ \_\_\_\_\_ [Total Annual Gift (Payroll x \_\_\_\_\_ \* )]= \$ \_\_\_\_\_  
(\*Payroll Officer: fill in the # of paychecks remaining in the current calendar year.)

**♥ 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.]

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

**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