



**KECC: NEW HIRE PLEDGE FORM**

Cabinet/Constitutional Office: \_\_\_\_\_

Name: \_\_\_\_\_ Pernr #: \_\_\_\_\_ Org. #: \_\_\_\_\_ Work County: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street Number Street Suite/Floor/Room City State Zip

Home 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.

**PLEDGE AMOUNT (REQUIRED)**

Payroll Deduction		One-Time Cash / Check
Amount Per Pay Period:		Calculate Total Annual Gift
<input type="checkbox"/> \$200 <input type="checkbox"/> \$150 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$6 <input type="checkbox"/> \$3	<input type="checkbox"/> Other amount per pay period \$ _____ ➔	<input type="checkbox"/> CASH \$ _____ Payroll x 24 = \$ _____

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

**DONATION TYPE: CHOOSE OPTION ONE OR OPTION TWO**

**OPTION ONE: IMPACT DESIGNATION**

I want my donation to be sent to the selected Impact Areas below - please select one or more.  
Selecting more than one option will result in your gift being evenly distributed between your selected Impact Areas.

- Give Education:** I want my donation to be sent to the Impact Area of Education.
- Give Family Stability:** I want my donation to be sent to the Impact Area of Family Stability.
- Give Health:** I want my donation to be sent to the Impact Area of Health.
- Give Basic Needs:** I want my donation to be sent to the Impact Area of Basic Needs.

**OPTION TWO: CHARITY DESIGNATION**

SHARE OR DESIGNATE:  I want my donation to be shared by the state-approved charities, or  I want my donation to be sent to the charities designated below.

**American Cancer Society**  
Amount: \$ \_\_\_\_\_

**Christian Appalachian Project**  
Amount: \$ \_\_\_\_\_

**CHC: Creating Healthier Communities**  
Amount: \$ \_\_\_\_\_  
County (optional): \_\_\_\_\_  
Agency (optional): \_\_\_\_\_

**Kentucky Child Victims' Trust Fund**  
Amount: \$ \_\_\_\_\_

**Kosair For Kids**  
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): \_\_\_\_\_

*(Total of all designations must equal total annual gift indicated above. These organizations do not provide goods or services as whole or partial consideration for any contributions.)*

**THANK YOU FOR YOUR DONATION!**

*Have questions about the KECC?*

*Call us at 502-589-6897 or visit KECC.org today!*

**THANK YOU FOR YOUR DONATION!** PLEASE MAKE CHECKS PAYABLE TO "KECC".

ONE-TIME GIFTS MAY BE SUBMITTED BY MAIL TO: KECC, P.O. BOX 4653, LOUISVILLE, KY 40204.

DO NOT SEND CASH BY MAIL. TO MAKE AN ONLINE GIFT VIA CREDIT CARD OR ACH DEBIT, PLEASE VISIT KECC.ORG.