



KECC: SEPARATION 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)

Form with fields for One-Time Payroll Deduction, Other One-Time Gift, Credit Card, and Check Gift, including amount and card details.

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: \$ \_\_\_\_\_

Community Health Charities
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): \_\_\_\_\_

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

Org. Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Org. Name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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. 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.

To be completed by HR Administrator:

Copy provided to employee. Payroll Deduction: Set-up complete and form emailed or sent to KECC at PO Box 4653, Louisville, KY 40204.
One-Time Gift: Form emailed or sent to KECC. If paid by check, the original form and payment was also mailed.

Completed by: \_\_\_\_\_

Completed on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_