



NAME	DEPT #	
KENTUCKY EMPLOYEES CHARITABLE CAMPAIGN  I PLEDGE MY SUPPORT TO THE KECC TO HELP PROVIDE VITAL HUMAN SERVICES	AGENCY NAME	E-MAIL
	COUNTY OF EMPLOYMENT	PHONE NUMBER
	EMPLOYEE SIGNATURE (Required for payroll deduction)	

STEP 1: Please indicate how you wish to give and how much. Deductions will be taken per paycheck beginning in January.	Total Annual Gift (Payroll X 24) \$ _____
<input type="checkbox"/> Cash Total Gift \$ _____ <input type="checkbox"/> Payroll Deduction - Amount Per Pay check <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$2 <input type="checkbox"/> Other \$ _____	

STEP 2: Please indicate the charity(ies) you wish to receive your donation and enter the amount for each charity selected. Total of all charities must equal total annual gift above.		
Christian Appalachian Project Amount \$ _____	Community Health Charities Amount \$ _____ County (Optional) _____ Agency (Optional) _____	Easter Seals Kentucky Amount \$ _____ Agency (Optional) _____
Prevent Child Abuse Kentucky Amount \$ _____ County (Optional) _____	United Ways in Kentucky Please select the county Amount \$ _____ County _____ Agency (Optional) _____	WHAS Crusade for Children Amount \$ _____
Other Non-profit and human welfare organizations qualifying as IRS 501(c)3. Please include printed address and zip code. Write-in designations will only be honored for amounts of \$24 or more . Pledges to organizations that do not qualify will be distributed to the participating charities. Organization Name KENTUCKY CENTER FOR AFRICAN AMERICAN HERITAGE Address 315 GUTHRIE GREEN, SUITE 400 City LOUISVILLE State KENTUCKY Zip 40202 Amount \$ _____		

LEADERSHIP CIRCLE **The total amount pledged above represents a Leadership Circle gift of at least 1% of my annual salary. (Please provide your home address below.)**

NAME RELEASE AUTHORIZATION (Please check one box)

I **DO** want my name and address released, for purposes of gift acknowledgment, to the voluntary organization(s) I have designated. My home address is:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

I **DO NOT** want my name and address released, for purposes of gift acknowledgment, to the voluntary organization(s) I have designated

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