



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

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

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.