

Send completed form to **CNK-ES-0231** (KCEGP 401 5<sup>th</sup> Ave Seattle, WA 98104)

## EMPLOYEE INFORMATION

Last Name	First	Middle	Employee ID (refer to paystub)
Department	Division	Email	
Mailstop/Worksite	Ambassador	Phone Number	

## DONATION OPTIONS

**CHECK** Attach check(s) to form. Make directly payable to nonprofit(s). Write 4-digit KCEGP code in check memo  
**Total Check Donation of \$** \_\_\_\_\_

## PAYROLL

Choose ONE {

- Twice a month \$ \_\_\_\_\_ /deduction (24 per year)
- Once a month \$ \_\_\_\_\_ /deduction (12 per year)
- One-time donation \$ \_\_\_\_\_ (1 deduction)

**Total Annual Payroll Donation**  
\$ \_\_\_\_\_

### Payroll Distribution:

KCEGP Code	Organization	Annual Donation/Org	Optional Dedication
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/> In Memory of OR <input type="checkbox"/> In Honor of _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____	_____

\*Attach additional forms if designating more than 4 organizations

**TIME DONATION** vacation or compensatory hours  
 Please donate the net cash value of:

40 hrs. max., unless use-it-or-lose it leave

\_\_\_\_\_ Hours of Vacation Time      \_\_\_\_\_ Hours of Comp Time

**TOTAL hours**  
\_\_\_\_\_

### Time Donation Distribution (3 organizations max):

KCEGP Code	Organization	Hours/Org	Optional Dedication
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> In Memory of OR <input type="checkbox"/> In Honor of _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

## VOLUNTEERING **\*\*NEW 2018\*\***

I pledge \_\_\_\_\_ hours to volunteering at EGP nonprofit(s) in 2019. Please email me with more information.

## ACKNOWLEDGEMENT

I am a leadership giver at level:

- Bronze (1 hr. /month)
- Silver (2 hrs. /month)
- Gold (3 hrs. /month)
- Platinum (4+ hrs. /month)
- None

I decline my leadership gift

*Payroll, time donation, check, credit card, or any combination of the four.*  
 Hour = \$ value of hourly rate of pay

## PRIVACY *payroll and time donation only\**

**Name and address info**  
 Please **SHARE** my name and address with the organization(s) I designated above.

## SIGNATURE

I confirm that all the information I have entered is correct to the best of my knowledge and if I opted for a time donation I hereby authorize King County to deduct the amount shown above from my hours during December 2018 and if I opted for payroll deduction I hereby authorize King County to deduct the amount shown above from my pay during 2019 starting with the first pay period in January. I understand this authorization may be discontinued by me in writing at any time before it expires. *The organizations and federations participating in the King County Employee Giving Program do not provide goods or services in whole or partial consideration for any donations received via this form.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### THIS SECTION FOR EGP STAFF

ETR:                      TY:                      LG:                      RCN:                      Notes: