

**Payroll Deduction
Agreement & Authorization**

I, the undersigned, do hereby authorize and direct my employer to deduct from my payroll check \$ _____ per pay period.

The above amount is to be deducted each pay period beginning with the next payroll check due me and continue through each succeeding pay period thereafter unless and until revoked by me in writing.

I understand that the deductions, as outlined above, may be revoked in writing upon thirty (30) days notice. The deductions shall continue from month to month until I revoke the authority in accordance with this agreement.

It is my desire, and I so direct, that the above monies be paid to the Kentucky Association of Health Care Facilities Political Action Committee, also known as the KAHCF-PAC. I further agree to make contributions to the KAHCF-PAC in the amounts and for the period set forth above.

I understand that this deduction will result in a political contribution being made to the KAHCF-PAC. This is a voluntary contribution being made of my own free will and is not a condition being made of my employment. I understand that I will not be terminated or reprimanded if I choose not to contribute to the KAHCF-PAC.

I represent that I am not a corporation and I am not currently involved in a contract with the United States, Commonwealth of Kentucky, or any department or agency thereof. In addition, I shall not enter into any such contract with the United States, Commonwealth of Kentucky, or any department or agency thereof during the time this agreement and deduction authorization remains in effect.

Name _____

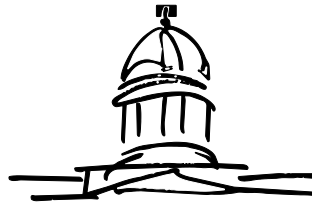
Address _____

City _____ State _____ Zip _____

Facility _____

I do not wish to participate at this time.

Date _____



KAHCF-PAC

For more information, please call or write:

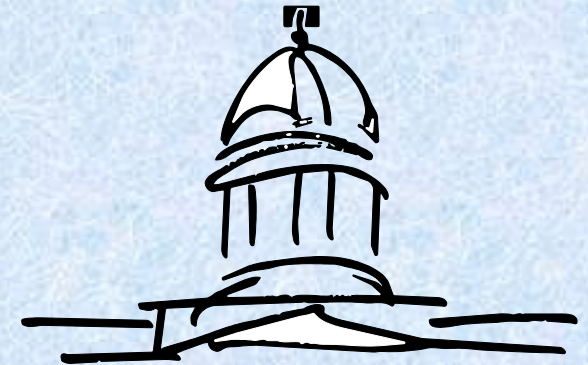
Kentucky Association of Health Care Facilities

Political Action Committee

9403 Mill Brook Road

Louisville, Kentucky 40223

502-425-5000



KAHCF-PAC

Kentucky Association of

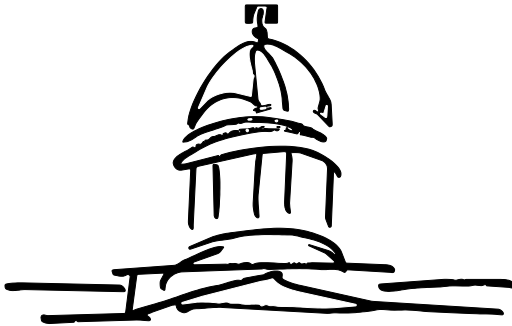
Health Care Facilities

Political Action Committee

KAHCF-PAC

YOUR VOICE, YOUR PAC

The KAHCF-PAC was established in 1977 and stands for the Kentucky Association of Health Care Facilities Political Action Committee. The KAHCF-PAC is the political arm of long term care in Kentucky and is a great way for you to have an active role in the electoral process.



The KAHCF-PAC provides members a voice in helping to ensure quality, dignity, and concern for long term care residents. The KAHCF-PAC allows our members to support legislative candidates who value long term care.

JOIN THE KAHCF-PAC PARTICIPATE TODAY!

Any KAHCF member can participate at any membership level. Administrators, owners, staff, vendors, and suppliers can all be involved. The number of individuals who get involved greatly determines the strength of the KAHCF-PAC. The PAC needs your participation! Together we can show support to those candidates who value long term care.

Please make a commitment to the KAHCF-PAC. The following are your choice of membership levels:

\$500 - \$1,500	Gold Member
\$300 - \$499	Silver Member
\$100 - \$299	Bronze Member
\$1 - \$99	Member

You can pledge by payroll deduction, personal check, Visa, or MasterCard. You can pay quarterly or in one payment. It's your choice!

The KAHCF-PAC can only accept individual contributions - corporate contributions are prohibited by law. Individual contributions to the KAHCF-PAC are limited to \$1,500 during each calendar year.

Pledge Card

Membership Levels

- Gold Member Bronze Member
- Silver Member Member

Contributions to the KAHCF-PAC are not deductible for income tax purposes.

Name _____

Address _____

City _____ State _____ Zip _____

Facility _____

Payment (check one)

- Personal Credit Card (Visa or Master Card)
- Personal Check/Money Order
- Payroll Deductions (see back for instructions)

Pledge Amount : _____

Card Number: _____

Expiration Date: _____

Signature: _____

By signing this pledge form, I authorize the charges noted above to be directed to the Kentucky Association of Health Care Facilities Political Action Committee, also known as the KAHCF-PAC, until such time they are revoked, in writing, by the person whose name appears on the credit card. I understand that these deductions will result in a political contribution being made to KAHCF-PAC. This is a voluntary contribution being made of my own free will and is not a condition employment or membership in any organization. I further represent that I am not a corporation and that this is an individual contribution.