

**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 KAHCF-PAC. I do further agree to make contributions to 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 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 KAHCF-PAC.

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

Name _____

Address _____

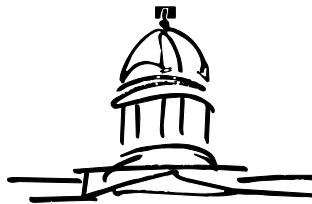
City _____ State _____ Zip _____

Facility _____

I do not wish to participate at this time.

Date _____

Signature _____



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

KAHCF's Political Action Committee allows you to have a voice in helping to ensure quality, dignity, and concern for Long Term Care residents. A strong PAC allows our members to support legislative candidates who represent the interests of the LTC profession and our residents.



KAHCF-PAC was established In 1977 and stands for Kentucky Association of Health Care Facilities Political Action Committee. The PAC supports specific candidates



Join the KAHCF-PAC

PARTICIPATE TODAY!

Any Members of KAHCF can participate at any membership level. Administrators, owners, staff, vendors and suppliers can all get involved. The number of individuals who get involved greatly determines the strength of the KAHCF-PAC. The PAC needs you! Together we can show support to those candidates that support our Long Term Care needs and our residents' needs. Participants that contribute \$100 or more to KAHCF-PAC within a specific 12 month period will receive recognition at the KAHCF Annual Meeting.

To participate all you need to do is make a commitment to the KAHCF-PAC, at a membership level of your choice.

- | | |
|----------------|---------------|
| \$500 - \$1000 | Gold Member |
| \$300 - \$499 | Silver Member |
| \$100 - \$299 | Bronze Member |
| \$20 - \$ 99 | Member |

KAHCF-PAC has made it easy for you to make your payment. You can pay your entire pledge through payroll deductions, personal check or with you Visa or MasterCard. You can pay quarterly or in one payment. It's your choice.

PLEDGE CARD

MEMBERSHIP LEVELS

- | | |
|--|--|
| <input type="checkbox"/> Gold Member | <input type="checkbox"/> Bronze Member |
| <input type="checkbox"/> Silver Member | <input type="checkbox"/> Member |

Facility Participation: Is any member facility that has at least 30% of it's staff participating and contributes at the minimum \$300.

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 : _____

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