



"The Mission of the Kernersville Foundation is to provide Financial assistance to non-profit organizations that serve the Kernersville Community"

1. My Information

Employee ID: _____

Last Name, First Name MI

Home Address _____ **City** _____ **State, ZIP** _____

2. My Pledge (Please select a payroll deduction or a direct gift for the 2022 calendar year)

I pledge the below PAYROLL DEDUCTION

_____ Total Annual Amount
_____ Per Pay Period Amount *or*
_____ One-time Payroll Deduction, occurring on January 5, 2023.

I pledge the below amount with CASH or CHECK attached

_____ Total Amount

3. My Pledge Distribution (OPTIONAL)

Contributions may be allocated to various community organizations. Please select in the space below if you would like your pledge to be directed to a particular entity.

Please allocate my pledge to the local charity indicated below:

- | | |
|---|--|
| <input type="checkbox"/> Care Net Counseling | <input type="checkbox"/> Kernersville Little Theatre |
| <input type="checkbox"/> Crisis Control Ministry | <input type="checkbox"/> Korner's Folly Foundation |
| <input type="checkbox"/> Friends of the Paddison Memorial Library | <input type="checkbox"/> Kernersville Museum |
| <input type="checkbox"/> Kernersville Christmas Stocking Fund | <input type="checkbox"/> Lamb Foundation |
| <input type="checkbox"/> Kernersville Cares for Kids | <input type="checkbox"/> Next Step Ministries |
| <input type="checkbox"/> Kernersville Downtown Council | <input type="checkbox"/> Paul J. Ciener Botanical Garden |
| <input type="checkbox"/> Kernersville Family YMCA | <input type="checkbox"/> The Salvation Army |
| <input type="checkbox"/> The Shepherd's Center | |

4. My Signature (Required for all pledge forms)

Signature: _____ Date: _____