



**2016/2017 New Jersey
Employees Charitable Campaign
Campaign Coordinator Report Form
PAPER PLEDGES ONLY**

DATE: _____

DEPARTMENT/AGENCY NAME: _____

AGENCY/DEPARTMENT PAYROLL CODE: _____

COORDINATOR NAME: _____

EMAIL ADDRESS: _____

PHONE #: _____

.....

Please complete ALL fields in this section, make a copy for your records and send *with all pledge forms, checks/cash* to:

Campaign Manager
NJSECC
PO Box 566
Allentown, NJ 08501

	# Employees	Total Amount Contributed
Payroll Deduction Pledges		\$
Checks or Cash		\$
TOTAL (this report)		\$

All checks must be made payable to: **NJSECC**

Campaign Coordinator Signature _____

Date _____