

# NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN

P.O. Box 566, Allentown, NJ 08501

If you prefer to make your pledge online, please visit: [www.givingmatters365.org/\\_njecc](http://www.givingmatters365.org/_njecc)

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	PAYROLL NUMBER	SOCIAL SECURITY NUMBER
DEPARTMENT/AGENCY NAME				WORK PHONE NUMBER (      )

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

PAYROLL	AMOUNT/PAY	INTERVAL	TOTAL GIFT	CHARITY CODE	ANNUAL AMOUNT
	Payroll Deduction or Cash Contribution must be a minimum of \$52 to designate to a specific organization.		X 26 pay periods	\$	
Cash/Check Amount: \$ _____ Check Number: _____ (make check payable to the NJECC)		Date of Contribution: _____			

NJECC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DESIGNATED GIFT: To designate one or more charities or federated groups, fill in the charity code(s) and dollar amounts above. Undesignated gifts are distributed among all organizations in proportion to their pledges. If the above designation requirements are not met, your contribution will be considered undesignated.

### INFORMATION RELEASE (OPTIONAL)

Any information you enter below will be released, along with your name, to the charity(ies) to which you made a pledge. Do not enter your work address or email.

Home Address \_\_\_\_\_  
\_\_\_\_\_

Personal Email Address \_\_\_\_\_

In addition to my contact information, I authorize the State of New Jersey to release the amount of my pledge to the charity(ies) I designated above.

### PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the State of New Jersey by which I may be employed during 2017 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2017 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the New Jersey Employees Charitable Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE USE BALLPOINT PEN AND WRITE FIRMLY

COPY #1 - PAYROLL OFFICE

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COPY #2 - KEYWORKER/COORDINATOR

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COPY #3 - CONTRIBUTOR - KEEP FOR PERSONAL TAX RECORDS

The Employees Charitable Campaign seeks to keep you informed of your tax rights. As required by section 170 of the Internal Revenue Code, all individual donations of \$250 or more must have adequate documentation for tax purposes. The Employees Charitable Campaign acknowledges your donation was given in the pure spirit of giving, and since there is no material gain received on your part, you may take this as a deduction when filing your income tax. Please note that for auditing purposes you must retain a copy of this notification as well as your payroll check stub that indicates your donation.

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215. Registration with the Attorney General does not imply endorsement. All charities listed in this document were in compliance with the State of New Jersey's charities registration act as of the date of application for participation in the campaign. Contributors may seek further information on a charity by going to [www.njconsumeraffairs.gov/charities/Pages/default.aspx](http://www.njconsumeraffairs.gov/charities/Pages/default.aspx)