



**2017/2018 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 _____