

NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN

P.O. Box 566, Allentown, NJ 08501

If you prefer to make your pledge online,
visit: www.charities.org/NJECC

State Dept. / Agency	University	School District	County
Name (Last)	(First)	(MI)	Daytime Phone
Email Address		Social Security Number (for payroll deduction only)	

MY TOTAL PLEDGE \$ _____

To designate, please list agency code and annual amount below

(if the designation requirements are not met, your contribution will be considered undesignated)

Charity Code	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- Payroll Deduction:** \$ _____ x _____ pay periods
(must be a minimum of \$52 to designate per organization).
- Cash/Check (make payable to NJECC)**
Check amount: \$ _____ Check #: _____

- I DO NOT** want my name released to the charities I have designated.
- I DO** want my name released to the charities for acknowledgment of my gift. I have designated a minimum of \$52 to each charity:

HOME ADDRESS (PLEASE PRINT): _____

PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the State of New Jersey by which I may be employed during 2019 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2019 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. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

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

COPY #1 - PAYROLL OFFICE

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COPY #2 - CAMPAIGN COORDINATOR

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Name (Last)	(First)	(MI)	Daytime Phone
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COPY #3 - CONTRIBUTOR - KEEP FOR PERSONAL TAX RECORDS