



**2019/2020 New Jersey
Employees Charitable Campaign
Campaign Coordinator Report Form
PAPER PLEDGES ONLY**

DATE: _____

DEPARTMENT/AGENCY NAME: _____

COORDINATOR NAME: _____

EMAIL ADDRESS: _____

PHONE #: _____

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

**Campaign Manager
NJSECC
PO Box 566
Allentown, NJ 08501**

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

All checks must be made payable to: NJSECC

Campaign Coordinator Signature _____

Date _____