



NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN 2019-20 PLEDGE FORM

P.O. Box 566, Allentown, NJ 08501

Check this box for additional pledge form page only.

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

Please use a black ink pen when completing this form. Thank you!

FIRST NAME

MIDDLE INITIAL

LAST NAME

BUSINESS UNIT (The name of your state dept., agency, university, school district, or county.)

NJ STATE CENTRALIZED PAYROLL #

EMPLOYEE ID #

SOCIAL SECURITY NUMBER (ONLY for Centralized Payroll)

 (Required)

Your SS# will only appear on copy #1 of this form.

CONTACT INFORMATION

EMAIL

HOME ADDRESS (Optional) Required for acknowledgements if no email

PHONE NUMBER (For use to verify designation)

CITY

STATE

ZIP

Do you authorize your address and gift amount to be released to the designated charities so that you will receive an acknowledgement? Yes No

DESIGNATING YOUR GIFT

Choose which charities to support, pledge amount, and payment method.

INSTRUCTIONS & IMPORTANT PAYMENT METHOD DETAILS:

Charity codes are listed in the reference guide code book and at www.charities.org/NJECC. All payroll deductions will be recurring (deducted each pay period throughout the year) starting with the first pay period in January 2020. *****STATE CENTRALIZED PAYROLL EMPLOYEES' DEDUCTIONS WILL COMMENCE WITH THE THIRD PAY PERIOD.*****

All payroll deduction gifts must be a minimum of \$52 to designate per organization. Pledges left undesignated or designated to a charity NOT listed, will be considered UNDESIGNATED funds and distributed among all eligible charities in the NJECC. To designate more than 4 charities, please use a second form and check the box on the top right corner of the additional page.

CHARITY CODE	CHARITY NAME	PER PAY PERIOD DEDUCTION/CHECK AMOUNT	PAYMENT METHOD	
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check
<input type="text"/>		\$ <input type="text"/>	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Check

Checks: Please make your one-time payment payable to NJECC.

Please return your completed pledge form, along with any check donations to your campaign coordinator.

MY TOTAL PLEDGE \$

"Total Per Pay Period Deduction Amount" multiplied by # of pay periods.

AUTHORIZATION (Sign and date here to authorize pledge and payment method.)

I hereby authorize any agency of the State of New Jersey by which I may be employed during 2020 to deduct the amount(s) shown above from my pay each period during the calendar year 2020 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 any time before it expires.

COPY #1 - PAYROLL OFFICE

Sign:

Date:

TAX RECEIPT INSTRUCTIONS: Please keep a copy of this form, along with your final pay stub (for payroll donors) or cancelled check (for check donors) as a tax receipt for your charitable contribution (use your smart phone or other scanning device). Contributions to a qualified 501(c)(3) are tax deductible to the extent of the law. Contributions made to the campaign are confidential.

IRS Disclosure: No goods or services are provided in whole or in partial consideration for any contribution made via this pledge form.



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COPY #2 - NJECC COORDINATOR

Sign:

Date:

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COPY #3 - DONOR
(for tax purposes)

Sign:

Date:

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