2026/2027 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
NJECC
PO Box 183
Middletown, DE 19709

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

DO NOT INCLUDE ONLINE DONATIONS

All checks must be made payable to: *NJECC*

Campaign Coordinator Signature_____

Date _____