



NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN 2024-25 PLEDGE FORM

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

Donate via credit card or payroll deduction online! Visit:

www.charities.org/NJECC

Check this box for additional pledge form page only.

CONTACT INFORMATION

FIRST NAME MIDDLE INITIAL

LAST NAME

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

EMPLOYEE ID # **REQUIRED for Centralized Payroll Employees Only:**
Your SS# and payroll # entered here will only appear on copy #1 of this form. NJ STATE CENTRALIZED PAYROLL # SOCIAL SECURITY NUMBER

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

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 2025. *****STATE CENTRALIZED PAYROLL EMPLOYEES' DEDUCTIONS (24 TOTAL PAY PERIODS) 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	ANNUAL AMOUNT (Total annual check or payroll deduction amount)	AMOUNT PER PAY PERIOD (PAYROLL DEDUCTION ONLY) (Annual total divided by your pay period frequency)	PAYMENT METHOD
		\$	\$	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Check
		\$	\$	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Check
		\$	\$	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Check
		\$	\$	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Check

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

Please return completed pledge form, along with any check donations, to your campaign coordinator: P.O. Box 183, Middletown, DE 19709

Check #

Total Deduction Amount Per Pay Period \$
Pay Period Frequency (Your # of pay periods): 20 22 24 26

MY TOTAL PLEDGE \$

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 2025 to deduct the amount(s) shown above from my pay each period during the calendar year 2025 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.

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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		\$	\$	<input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Check

Checks: Please make your one-time payment payable to: "NJCEC"

Please return completed pledge form, along with any check donations, to your campaign coordinator: P.O. Box 183, Middletown, DE 19709

Check #

Total Deduction Amount Per Pay Period \$
Pay Period Frequency (Your # of pay periods): 20 22 24 26

MY TOTAL PLEDGE \$

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COPY #2 - NJECC COORDINATOR

Sign: _____ Date: _____

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LAST NAME

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EMPLOYEE ID #

EMAIL

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COPY #3 - DONOR

Sign: _____ Date: _____

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