

## 2025/2026 New Jersey Employees Charitable Campaign Campaign Coordinator Report Form PAPER PLEDGES ONLY

DEPARTMENT/AGENCY NAME:\_\_\_\_\_

DATE:\_\_\_\_

COORDINATOR NAME:		
EMAIL ADDRESS:		_
PHONE #:		
Please complete ALL fields in pledge forms and checks to:	this section, make a copy for y	your records and send <u>with</u>
Campaign Manager  NJECC  PO Box 183  Middletown, DE 19709		
	# Employees	Total Amount Contributed
Payroll Deduction Pledges		\$
Checks		\$
TOTAL (this report)		\$
All checks	must be made payable	e to: <i>NJECC</i>
Campaign Coordinator Sigr	nature	
Date		