



**2024/2025 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  
NJCEC  
PO Box 183  
Middletown, DE 19709**

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

**All checks must be made payable to: NJCEC**

Campaign Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_