

Name \_\_\_\_\_ Payroll No. \_\_\_\_\_ Check Distribution No. \_\_\_\_\_ **2011-2012**

## State of New Jersey Employees Charitable Campaign (ECC) Pledge Card

### Donor Information (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ E-mail Address (optional) \_\_\_\_\_ Date Completed \_\_\_\_\_

### Acknowledgment... your gift will remain anonymous unless you complete this section:

Address \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Employee Contribution Information

Payroll Deduction..	Organization or Agency Name	Code Number	Amount to Pay	X # of Pay Periods Annually	Total Pledged
<i>must be a minimum of \$52 to designate to a specific organization/ agency.</i>	Print: _____	_____	\$ _____	X _____	= \$ _____
	Print: _____	_____	\$ _____	X _____	= \$ _____
	Print: _____	_____	\$ _____	X _____	= \$ _____
	Print: _____	_____	\$ _____	X _____	= \$ _____

Cash Contributions..	Organization or Agency Name	Code Number	Amount	Total Yearly Pledge = \$
<i>must be a minimum of \$52 to designate to a specific organization/ agency.</i>	Print: _____	_____	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <b>Make your CHECK PAYABLE TO: ECC</b>
	Print: _____	_____	\$ _____	
	Print: _____	_____	\$ _____	
	Print: _____	_____	\$ _____	

**Total Yearly Contribution = \$ \_\_\_\_\_**

Thank You!

If the above stated designation(s) requirements are not met, your contributions will be considered undesignated...and no further notification will be made.

### For Donors of \$1,000 or more your gift qualifies you as a Leadership Giver.

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## State of New Jersey Employees Charitable Campaign (ECC) Payroll Deduction Authorization



Please ✓ your Donation amount per Pay Period

\$	\$25	\$20	\$10	\$5
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Total Yearly Pledge \$ \_\_\_\_\_

I hereby authorize payroll to withhold my charitable deduction listed above from my pay, for the following calendar year or until cancelled by me, whichever comes first.

Signature \_\_\_\_\_ (required)      Date Completed \_\_\_\_\_      SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required)

Signature and Social Security Number Required for Payroll Deduction.

### Contributors Donation Receipt - tear off bottom and keep for your tax file 2011-2012

The Employees Charitable Campaign seeks to keep you informed of your tax rights. As required by section 170 of the Internal Revenue Code, all individual donations of \$250 or more must have adequate documentation for tax purposes. The Employees Charitable Campaign acknowledges your donation was given in the pure spirit of giving, and since there is no material gain received on your part, you may take this as a deduction when filing your income tax. Please note that for auditing purposes you must retain a copy of this notification as well as your payroll check stub that indicates your donation.

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215. Registration with the Attorney General does not imply endorsement. All charities listed in this document were in compliance with the State of New Jersey's charities registration act as of the date of application for participation in the campaign. Contributors may seek further information on a charity by going to <http://www.njconsumeraffairs.gov/charity/chardir.htm>

Organization or Agency Names your gift is designated to: \_\_\_\_\_ **Total Yearly Pledged \$ \_\_\_\_\_**

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