

# Miracle Home® and Miracle Property Program Participation Form

**INSTRUCTIONS:** If there's a Miracle Home and Miracle Property Program administrator in your office who processes per-transaction donations and Honor Card contributions on behalf of participating agents, complete this form and give it to your administrator. If you'll be managing your Honor Cards and donations on your own, you do not have to complete this form.

RE/MAX Associate Name: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office ID: \_\_\_\_\_

Office Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please check all that apply and complete the fields:

I, \_\_\_\_\_, agree to donate  \$25  \$50  \$100  \$ \_\_\_\_\_ after the close of each of my transactions with RE/MAX \_\_\_\_\_ dated from \_\_/\_\_/\_\_ forward.

I would like to send Honor Cards to my clients after each closed transaction (Participation in the Honor Card program requires a minimum contribution of \$25 per card for a residential transaction and \$50 per card for a commercial transaction.)

I authorize my brokerage to manage donations (and Honor Cards, if applicable) on my behalf and bill me for my regular contributions.

I understand that the entire amount of my donations will go to the Children's Miracle Network Hospital that serves my community. I also understand that by participating in the Miracle Home or Miracle Property program, I am authorized to promote myself as a supporter of Children's Miracle Network Hospitals® and my local CMN Hospital.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

**Return this form to your Broker/Owner or Office Administrator**