**RE/MAX Miracle Home & Miracle Property Program**

**Participation Form**

Associate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE/MAX Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_

[\_] I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to donate [\_]$30 [\_]$50 [\_]$100 [\_] $\_\_\_\_\_\_\_\_ after the close of each of my transactions dated from \_\_/\_\_/\_\_ forward.

[\_] I would like to send Honor Cards to my clients after each closed transaction (requires a minimum $30 donation per card for residential, $50 per card for commercial).

[\_] I would like to make a one-time donation of $\_\_\_\_\_\_\_.

[\_] I am already participating in the Miracle Home & Miracle Property Program.

[\_] I have a question written on the back of this card. Thank you for getting back to me.

By signing this pledge form, I am declaring my intent to participate and contribute to Children’s Miracle Network Hospitals with each closed transaction. If applicable, I authorize my brokerage to manage donations and/or Honor Cards on my behalf and bill me for my regular contributions. I understand that I am entitled to promote my participation in the program within my listings and marketing efforts.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_