



RE/MAX
ONE

Miracle Home[®] and Miracle Property Program Participation Form

RE/MAX Associate Name: _____

Address: _____

Street: _____

City: _____ State: _____ Zip _____

I, _____, agree to donate \$30.00 \$50.00 \$100 or more \$_____ after the close of each of my transactions with RE/MAX One 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 \$30 per card)

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 Office Administrator