



**MIRACLE HOME PLEDGE SHEET**

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

E-mail Address: \_\_\_\_\_

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

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

City Province Postal Code

Office Telephone: (\_\_\_\_\_) \_\_\_\_\_

Office International ID #: \_\_\_\_\_  
(5 Digit Code)

I want to help make miracles happen and agree to contribute from my personal funds the amount of \$\_\_\_\_\_ per real estate transaction (listing/selling).

I understand that the entire amount will go to the Children's Miracle Network affiliated Hospital/Foundation, which serves my community.

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and give the original copy to your Office Administrator.