



## Associate Pledge Form

First Contribution

Renewal

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

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

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

City/State/ZIP: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Please choose one of the following ways to participate:**

\$\_\_\_\_\_ with each real estate transaction  
(\$25 minimum donation is required per transaction for Honor Card Program)

I understand that the entire amount of my donation will go to the Children's Miracle Network Hospitals affiliated hospital that serves my community. I also understand that by making my donation I am entitled to promote my participation as a sponsor of Children's Miracle Network Hospitals and designate my listing and future listings as Miracle Homes.

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

\_\_\_\_\_  
Date

*Please return this document to: RE/MAX Gold Service Center – [cmn@norcalgold.com](mailto:cmn@norcalgold.com)*