

RE/MAX[®]



**Children's
Miracle Network
Hospitals[®]**

**CHILDREN'S MIRACLE NETWORK DONATIONS OF \$25.00 OR MORE.
HONOR CARD CLIENT RECOGNITION**

Agent Name: _____

In this transaction, Associate represented: ___ Buyer ___ Seller ___ Both

Property Address: _____

City _____ **State** _____ **Zip** _____

Please send acknowledgements to: ___ Buyer ___ Seller

Buyer – Name _____

Address _____

City _____ **State** _____ **Zip** _____

Seller – Name _____

Address _____

City _____ **State** _____ **Zip** _____