



CLIENT RECOGNITION REQUEST

RE/MAX HONOR CARD PROGRAM

Client Acknowledgment for Associate Transaction Donations

Associate Name: _____ Agent Phone: _____

TRANSACTION INFORMATION

In this transaction, Associate represented: Buyer Seller Both

Property Address: _____

City, State, Zip: _____

Sum of Honor Card Donation from Associate (must be at least \$30): \$_____

Please send acknowledgment(s) to:

Buyer *(if applicable)*

Name: _____

(if different from above):

Mailing Address: _____

City, State, Zip: _____

Seller *(if applicable)*

Name: _____

Forwarding Address: _____

City, State, Zip: _____

For office use only:
Date sent to CMN for mailing: _____.