



We Care Program Sign Up Form

REALTORS® Name: _____ Brokerage: _____

E-mail: _____ Phone: _____ Fax: _____

I pledge a donation of : \$10.00 \$15.00 \$20.00 \$_____ (enter amount)

To be deducted per every: Transaction Monthly **As my donation to the REALTORS® Community Foundation.**

I authorize this deduction amount on my behalf, until such time as I provide a written cancellation.

OUR ADDRESS IS:
14220 - 112 AVE
EDMONTON, AB, T5M - 2T8

Signature: _____

PLEASE FAX THIS COMPLETED FORM TO KATHRYN AT 780-452-1135