



Escrow Contribution Form

Agent's Name: _____ Office Name: _____

Address: _____

To: _____ / _____
(title company) (Address)

Escrow Officer Escrow Number

You are hereby authorized and instructed to pay from the commission of

_____, the following amounts:

Agent/Broker

() \$ _____ () _____ % of my commission

Made payable to Santa Cruz Association of REALTORS Housing Foundation on behalf of:

Name () Buyer () Seller Client's

Client's Address

All contributions and a **copy of this form** shall be disbursed to:

Santa Cruz Association of REALTORS® Housing Foundation
2525 S. Main Street
Soquel, CA 95073 Tax ID# 20-0748009

Signature _____ Date _____

We sincerely appreciate your generous contribution which will assist us in bridging the gap to homeownership for low to moderate income individuals and families in our community.

A letter will be sent to both you and your client with notification that a generous contribution has been made in their name.

Santa Cruz Association of REALTORS® Housing Foundation 831-464-2000 info@sccarhf.org