



First Time Homebuyer's Assistance Fund

BROKER PARTICIPATION AUTHORIZATION FORM

Name of Broker: _____

Office: _____

e-mail: _____

By signing this form, I agree to participate in the following level of contribution (please check one from the list below):

- _____ **\$200.00**
- _____ **\$100.00**
- _____ **\$50.00**
- _____ **\$25.00**

The amount indicated above will be deducted from your commission on each side of a transaction you are involved with and deposited into a TAR non-profit escrow account to assist First Time Homebuyers in the local region served by the Telluride Association of REALTORS®. I understand my name will be listed in quarterly newspaper advertisements under the level I have specified.

Signature

Date

**Please return this form to TAR
728-5270 fax or
PO Box 2485, Telluride, CO 81435**