



Telluride Association of REALTORS®
ESTABLISHED 1987

First Time Homebuyer's Assistance Fund

AFFILIATE PARTICIPATION AUTHORIZATION FORM

Name of Contact Person: _____

Office: _____

E-mail: _____

By signing this form, I agree to participate in the following level of contribution (please fill in a detailed statement of how you wish to contribute- *a minimum one-time \$100 contribution is recommended*):

The amount indicated above is to be deducted per your instructions or a check may be sent to TAR 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 semi-annual newspaper advertisements for the contribution amount I have specified.

Signature

Date

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