



*Bridging the Gap to Homeownership*

## 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 :**

\_\_\_\_\_  
Client's Name ( ) Buyer ( ) Seller

\_\_\_\_\_  
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 [hf@scaor.org](mailto:hf@scaor.org)**