



# Hair Donation Form

Donor Information: (Please print)

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Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ Providence: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

\*\* If you include any before and after photographs, please be sure to include permission for usage on the back of the pictures or on another sheet for publication purposes.

Send me a Thank you via E-mail:  Yes  No Please add me to your mailing list:  Yes  No

How did you hear about Wigs For Kids? \_\_\_\_\_

Would you consider holding a fundraiser for Wigs For Kids?  Yes  No

Reason for donation? \_\_\_\_\_

Name of Salon that cut your hair: \_\_\_\_\_

## Monetary Gifts (Optional)

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This donation comes from \_\_\_\_\_ who is a Girl Scout and would like a patch sent. Enclosed is \$3.48 for the patch.

Send me information about your Sponsor-A-Child Program.

I would like information on including Wigs For Kids in my estate plan to support future generations of children experiencing hair loss.

Yes, I would like to support Wigs For Kids.

My check is enclosed. Please make checks payable to **Wigs For Kids**.

I would like to make a gift by credit card:  One time  Monthly

\$100  \$75  \$50  \$25  \$20  other \_\_\_\_\_

Visa  Master Card  Discovery Card  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on the card: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Thank you for helping a child look themselves and live their lives!**



Please send this form to: Wigs for Kids – Hair Donation • 24231 Center Ridge Rd. • Westlake, OH 44145  
Phone: (440) 333 – 4433 Website: [www.wigsforkids.org](http://www.wigsforkids.org) E-mail: [info@wigsforkids.org](mailto:info@wigsforkids.org)