

HAIR DONATION

- Hair must be a minimum of 8 inches
- Clean, **DRY**, and in a ponytail(s) or braid
- Place your **DRY** hair into a zip lock bag and then in any mailing envelope



(PRINT CLEARLY) Donor Name: ______ APT/STE: Street Address: State/Province/Region: City: Zip Code: Country: _____Phone: ____ Email: (Optional) My certificate is in honor of: We will email your certificate so we can save on postage expenses. Save info@childrenwithhairloss.us to your contacts so it won't be delivered to your spam folder Please allow 10 weeks to receive your certificate. I HAVE ENCLOSED A I HAVE ENCLOSED A I HAVE ENCLOSED A \$30 DONATION \$25 DONATION \$20 DONATION TO RECEIVE A T-SHIRT & TO RECEIVE A T-SHIRT & TO RECEIVE A T-SHIRT ADJUSTABLE HEART BRACELET HAIR DONATION PATCH Please select size and color of t-shirt Select a t-shirt color -Select Size -Black 3XL Pink Youth Medium Youth Large Youth Small (fits up to size 5 Toddler) (fits size Child 6-8) (fits size Child 10-12) We appreciate your HAIR DONATION, but there is still a HUGE COST to have a hair replacement made. Please consider a tax deductible monetary donation! ___ donation to help pay for a child's hair replacement. I have enclosed a \$ I have enclosed a \$7 donation to pay for a hat for a child with hair loss I have enclosed a \$1,000 donation to help sponsor a child's hair replacement. Please **charge my credit card monthly** for a donation in the amount of \$_____ Please enter the total dollar amount for all checked items on this form \ \$ *Orders outside the United States must be placed on our website. www.ChildrenWithHairLoss.us Checks payable to: Children With Hair Loss Payment Type: Credit Card | Check | Money Order Cash | Credit card number: Exp. Date:

Please send this completed form along with your hair donation to:

Children With Hair Loss • 12776 Dixie Hwy • S. Rockwood, MI • 48179



Name as it appears on card:





Security code: