



## 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

Please allow 10 weeks to receive your certificate.



**(PRINT CLEARLY)**

Donor Name: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_ APT/STE: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

(Optional) My certificate is in honor of: \_\_\_\_\_

**PLEASE SHARE YOUR STORY & PHOTOS WITH US ONLINE!**



**We appreciate your HAIR DONATION, but there is still a HUGE COST to have a hair replacement made.**

**Please also consider a tax deductible donation TODAY!**

- ☐ I have enclosed a \$\_\_\_\_\_ donation to help pay for a child's hair replacement.
- ☐ I have enclosed a \$7 donation to pay for a hat for a child with hair loss



☐ I HAVE ENCLOSED A  
**\$30 DONATION**  
TO RECEIVE A T-SHIRT &  
ADJUSTABLE HEART BRACELET



☐ I HAVE ENCLOSED A  
**\$25 DONATION**  
TO RECEIVE A T-SHIRT &  
HAIR DONATION PATCH



☐ I HAVE ENCLOSED A  
**\$20 DONATION**  
TO RECEIVE A T-SHIRT

**Please select size, color and design of t-shirt**

Select one t-shirt design



T-shirt color

Black ☐

Pink ☐

Select Size

Adult:

SM ☐ MD ☐ LG ☐ XL ☐

XXL ☐ 3XL ☐ 4XL ☐

Youth Medium ☐ Youth Large ☐  
(fits up to child size 8) (fits up to child size 14)

- ☐ 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 \$\_\_\_\_\_

\*Orders outside the United States must be placed on our website.

**www.ChildrenWithHairLoss.us**

Checks payable to: Children With Hair Loss

Credit card payments: Visa ☐ Mastercard ☐ Discover ☐ American Express ☐

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Security code: \_\_\_\_\_

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

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