



A 501 [c] 3 Non-Profit Organization

“Covering Young Heads to Heal Young Hearts”™

Hair Donation Form

Please complete, and send this form with your hair donation in a zip lock bag and then enclose in any mailing envelope (You may remain anonymous if you wish).

Please print legibly so we can send you a certificate.

Your Name: _____

Street Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

I WOULD LIKE TO DONATE \$7.00 TO PURCHASE A HAT FOR A CHILD OF CHILDREN WITH HAIRLOSS

I HAVE ENCLOSED A \$20.00 DONATION TO RECEIVE A CHILDREN WITH HAIRLOSS T-SHIRT THAT SAYS,

“I DONATED MY HAIR TO CHILDREN WITH HAIRLOSS”

YOU CAN SEE THE T-SHIRTS ON OUR WEBSITE

www.childrenwithhairloss.us

Please select size and color

SIZE: ____SM ____MD ____LG ____XL

COLOR: ____Black w/white writing

____Pink w/black writing

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