Please note, this form is subject to change. The most current version is always

Before you cut... Can you spare more hair? Do you have more than 12" to donate?

Children With Hair Loss greatly appreciates all hair donations that are a

A 501 (c) 3 Non Profit Organization #CUTPASSL®VE

With Holy

minimum of 8 inches however, we have many requests from our recipients for long hair replacements that require donations of 12 inches or longer. If you can grow your hair a bit more before donating, it will help us most in our mission, "Covering Young Heads to Heal Young Hearts!"

(PLEASE PRINT CLEARL		LIR DONATION FO F E SURE YOUR HAIR DONAT		
1 At least 8" Length of donation:		Clean, DRY , and in ponytail(s) or braid	3 DRY in a :	zip lock bag inside ng envelope
Date hair donation is se	nt to CWHL <u>:</u>			
Donor Name:				
Street Address:	Address: APT/STE:			
City:		State/Province/Region:		
Zip Code:	_Country:	Phone:		
(Optional) My cortificate	is in honor of:			
We will email your cer to your contacts so it won't Please note, your email add newsletter at any time by cl	tificate so we do be delivered to yarress will be substicking the "unsul	can save on postage expensions save on postage expensions save and save as a caribed to receive our emains our emains save our emains save and save expensions are save expensions.	nses. Save info@chil allow 10 weeks to re ail newsletter. You may COST to have a hair rep	drenwithhairloss.us ceive your certificate. opt out of receiving our
a t-shirt & adjubracelet T-Shirt Design:	ed a ON to receive ustable heart If you have	I have enclosed \$30 DONATIO a t-shirt & hair o patch e checked a box in this section.	d a ON to receive donation on, please select t-shir	I have enclosed a \$25 DONATION to receive a t-shirt
CALLED WITH HARD #Cut PassLove	slack O	Adult: SM MD MD Youth Small (fits up to size 5 Toddler)		Youth Large (fits size Child 10-12)
I have enclosed a \$ I have enclosed a \$ I have enclosed a \$	7 donation to p	d have enclosed \$15 fo _ donation to help pay bay for a hat for a child v to help sponsor a child I monthly for a donati	for a child's hair rep with hair loss I's hair replacement	lacement
Please enter the total d	ollar amount f	or all checked boxes o	on this form \$	
		able to: Children With H	Hair Loss	Cash O
Credit card number:			Exp. d	ate:
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 PLEASE SHARE YOUR STORY & PHOTOS WITH US ONLINE!











CWHL