



Hair Donation Form

Please complete, print and send this form with your donation.

Please note, to receive an acknowledgement may take up to 90 days.

If you wish to send in photos of your donation, you must email them to photos@locksoflove.org with name & address.

♥ Donor Information (please print or type)

Name _____

Address _____ Suite/Apt _____

City, State, Zip _____

Country _____ Telephone _____

Age (If Minor) _____ Today's Date _____

♥ Contribution Information (optional)

I would like to donate: \$25 \$50 \$75 \$100 \$_____ Other



Sponsor a Locks of Love child
_____ \$1,000



Payment type: American Express Visa MasterCard Check/MO

Credit card number: _____ Exp. Date: _____

Name as it appears on card: _____

Please make all checks or money orders payable to: *Locks of Love*

♥ Comments

Thank you for your donation!