

DONATION FORM

Please complete the following information:

Name of Donor(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address: _____

I'm happy to make a tax-deductible contribution to Hair Peace Charities in the amount of:

\$ _____, \$500, \$300, \$150, \$100, \$50.

Please make check payable to Hair Peace Charities

Tribute Gifts (optional)

Please check only one:

This gift is in Memory of: _____

This gift is in Honor of: _____

Occasion: _____

Your relationship to the honoree: _____

Gift Notification

If you would like us to notify someone of your thoughtful gift (without disclosing the amount) please provide the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please sign the card from: _____

Thank you for your generous support of Hair Peace Charities