

# Wigs 4 Kids/ Childhood Leukemia Foundation

## Hair Donation Form

**Please fill out this form, print and send it with your hair donation.  
Measure your ponytail(s) and write the length(s) in inches on the outside of the re-sealable bag.**

**Date** \_\_\_\_\_

Name (as you would like it to be listed) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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### **This donation is...\***

In Honor of Or  In Memory of

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

Recognition card to be sent to....

Name( if different then above): \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### **Mail your hair donations to:**

**Wigs 4 Kids**

**29314 Harper Avenue**

**St. Clair Shores, MI 48081**