

For Administration Only:

_____ Entered

_____ Card Sent

_____ In House Service



Wigs 4 Kids Wellness Center and Salon

30126 Harper Ave. | St. Clair Shores, MI 48082

Phone: 586-772-6656 | Fax: 586-772-6674 | www.wigs4kids.org

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.

Your Information Youth Hair Donor Adult Hair Donor Date _____

Name (as you would like it to be listed) _____

Street Address _____

City/State/Zip _____

Email _____

Phone _____ Cell phone _____

How did you hear about Wigs 4 Kids?

___ I would like to volunteer for Wigs 4 Kids.

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Your hair or monetary donation may be allocated...

___ 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 or deliver your hair donations to:

Wigs 4 Kids
30126 Harper Avenue
St. Clair Shores, MI 48082