



Hair Donation Form

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

If you wish to send in photos of your donation, please e-mail them to photos@locksoflove.org with name & address.



Donor Information (please print or type)

Name	_____	Phone	_____
Address	_____	Suite/Apt	_____
City & State	_____	Age (if minor)	_____
Zip Code	_____	Today's Date	_____

E-MAIL: _____

Please select how you would like to receive your acknowledgment (**choose one**)**:

Mail _____ E-Mail _____

**Please note to receive an acknowledgment by mail may take up to 90 days. By selecting to receive an e-mail acknowledgment, Locks of Love will be able to send your acknowledgment more promptly.



Contribution Information (optional)

I would like to donate: ___ \$25 ___ \$50 ___ \$100 ___ Other Amount



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!

TO ENSURE SAFE ARRIVAL, PLEASE DO NOT SEND DONATIONS IN LETTER SIZE ENVELOPES

Please mail your donation to: Locks of Love - 234 Southern Boulevard - West Palm Beach, FL 33405

Phone: 561.833.7332 - Fax: 561.833.7962 - Web: www.locksoflove.org - E-Mail: info@locksoflove.org