

Hair We Share Donation Form



Please fill out this form. It will be sent with your hair donation. When completing the form, please write legibly or we will be unable to send you an acknowledgement. You may remain anonymous if you wish.

Please measure your ponytail(s) and write the length(s) in inches on the outside of the re-sealable bag.

First Name	
Last Name	
Address 1	
Address 2	
City	
State	
Zip Code	
Age (if minor)	
Email Address	
Phone #	

MAIL HAIR DONATIONS TO:

**Hair We Share
4 Express Plaza Suite LL14
Roslyn Heights, NY 11577**

For more information: www.hairweshare.org