

586-772-6656 www.wigs4kids.org maggie@wigs4kids.org

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Share hair donation experiences!

For	Admin Use Only:	Date	::	
0	Check/Money Order #	\$	ini	itials
0	Credit Card #	\$	ini	itials
O	Cash	\$	ini	itials
O	Entered QB Online	initials O	Certificate	initials
O	Entered Cash Deposit	initials O	Card	initials
O	Merchandise	initials O	Entered	initials

2025 Hair Donation Form Please print clearly. Send clean & dry hair in a Ziploc.					
Your Information (Youth O Adult O N	Male OFemale O	Non-binary Date		
Name of donor: Fir	st:		Last:		
Mailing Address: O Mailing address s	same as shipping address	for merchandise?	City/State/Zip:		
Parent's name if don	or is a minor:		Cell Phone:		
Email:(Receive your certificate of appreciation when you provide your email address.) Would you like to receive our quarterly newsletter? YES / NO How did you hear about us?					
In Honor/In Memory Donations					
This donation is made: O In Honor ofOr: O In Memory of					
Would you like a recognition card sent to a loved one? If so, please provide their email: Monetary gift in honor/memory: \$					
Monetary Gifts					
General Donation (any amount)	Sponsor shipping for your hair to be made into a wig	Sponsor a hat for a wig recipient	Help Us Double the # of Kids We Serve	Comfort bag for wig recipients	Support Services for a wig recipient & family
ponate					
O \$	O \$5.00	O \$10.00	O \$10.00	O \$100.00	O \$200.00
Merchandise Available for a Donation in the Amount Listed					



+ \$1.00 s/h



O\$10.00 + \$5.00 s/h



+ \$10.00 s/h



O\$20.00 + \$5.00 s/h

Due to currency exchange rates & shipping/handling costs, we are not accepting international orders.



• \$25.00 (Youth) (blue only) *order 1 size up* _XS (6/8) __S (10/12) Med (14/16) O \$30.00 (Adult)

Blue or __ Black _S __M __L __XL __2XL \$5.00 s/h for each t-shirt





• \$60.00 (Adult Size only)				
Zip orPullover				
BlueBlackGreen				
s	M	L	_XL	2XL
\$15.00 s/h per sweatshirt.				
Please allow 3 weeks for				
delivery.				

If paying by check, please make payable to: Maggie's Wigs 4 Kids of Michigan.

Name on Card:	Billing Address:
Credit Card (circle: Visa/Mastercard):	Exp Date:/ 3-digit Code:

Subtotal: Plus S&H: = Total: