



HAIR DONATION FORM

Please complete, print, and send this form together with your hair donation.
You can also send us pictures of your donation (you holding your braid or ponytail) to info@rizosdealegria.org and we will publish them on our Facebook page!

Date of Donation ____ / ____ / ____

Name _____

Address _____

City _____ State _____

Country _____ Age _____

Telephone number: _____

E-mail address: _____

Facebook name (if applicable):

Would you like to help us through contributing any of your special talents?
Yes / No

Which talents would you like to share with us?

If you would like to make a money donation please contact us at info@rizosdealegria.org to receive our bank account information.

THANK YOU FOR YOUR DONATION!

Signature: _____

(If you are under age, please have your parent or guardian sign in the space above.)
Rizos de Amor y Alegría, A.C. will use your information to let you know about activities and events for our association through Facebook. You are accepting the terms and conditions of our privacy policy when signing this form.