



## DONATION FORM

Please complete the following information:

Name of Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I'm happy to make a tax-deductible contribution to Hair Peace Charities in the amount of:  
\$ \_\_\_\_\_,  \$500,  \$300,  \$150,  \$100,  \$50.

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### Tribute Gifts- Optional

Please check only one:

This gift is in Memory of: \_\_\_\_\_

This gift is in Honor of: \_\_\_\_\_

Occasion: \_\_\_\_\_

Your relationship to the honoree: \_\_\_\_\_

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### Gift Notification- Optional

If you would like us to notify someone of your thoughtful gift (without disclosing the amount) please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please sign the card from: \_\_\_\_\_

***Thank you for your generous support of Hair Peace Charities***

***Please make check payable to Hair Peace Charities***

***Mail to: Hair Peace Charities 102 Cleveland Avenue Pittsburgh, PA 15202***