



HAIR DONATION FORM

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

Date: Age (if under 18):

Name:

Address:

..... Postcode:

Email:

Mobile: Do you consent to any photos &/or
comments supplied being used on
our website/social media? Y / N

Comments (if you wish to share):
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THANK YOU FOR YOUR KIND DONATION TO REAL FRINGE HAIR BANDS

Please send this form along with your donation of hair to:
Real Fringe Hair Bands
PO Box 221, Watsonia, VIC 3087
If you have any queries, please contact Nicole on 0408 301 182.