



Sponsorship Processing  
2856 Clark Parkway  
Westlake, Ohio 44145

800-642-0345 email: admin@hairheroesfoundation.org

## Sponsor a Child Donation Form

### Your Information

Name (as you would like it to be listed) \_\_\_\_\_

Organization/ Business (where applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Alt phone \_\_\_\_\_

Where did you hear about the Hair Heroes Foundation? \_\_\_\_\_

Please circle which program you would like to sponsor. A. Shared B. Individual

I/ We would like to volunteer for Hair Heroes. If so, in what capacity? \_\_\_\_\_

Please designate this donation to: (optional)

In Honor of

In Memory of

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

### Recognition card to be sent to...

Name (if different then above): \_\_\_\_\_

Street Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

### Payment Method

Amount enclosed (minimum \$40): \$\_\_\_\_\_. Checkmark here  for 12-month sponsorship (type A. Shared).  
"Type A. Sponsorship" requires an ongoing monthly reoccurring charge donation for the above enclosed amount.

Check Enclosed: Make checks payable to: Hair Heroes Foundation

Credit Card:

Credit Card Account Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_  Check here to agree to monthly reoccurring charge.