

# **Wig Donation Form**

#### **Instructions:**

Please remove your wig(s) from the original packaging and place them each in a gallon-sized plastic bag. We prefer you do not ship in boxes.

### Mail your donation to the following address:

The EBeauty Community Center 480 Main Street, Suite 104 Stevensville, MD 21666

### **Donor Information:**

Date:			
Your Name:			
Address:			
City:	State:	Zip:	
Email Address:			
Number of wigs dona	ted:		
In memory of:			
	nation of \$25 to help cov neone in need as quickly		ning and shipping each wig, you!
Amount of Monetary I	Donation: \$		
Please indicate if you	would like to receive a	a tax receipt	
How did you hear ab	out the EBeauty Comm	nunity?	
$\Box$ Internet Search $\Box$ A	merican Cancer Society	y $\square$ Wigs.com $\square$ So	ocial Media
□ Referral by Hospita	1? Hospital Name:		

## Thank you for your kindness and generosity!

Your donation will directly impact the lives of women navigating cancer treatment.