



**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  
10 Frances Avenue  
GREENSBOROUGH VIC 3088  
If you have any queries, please contact Nicole on 0408 301 182.