



# HAIR DONATION FORM

---

PLEASE PRINT

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City&State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

Approximate length \_\_\_\_\_ Age of Donor if Minor \_\_\_\_\_

---

Comments: \_\_\_\_\_

---

Acknowledgment: Email \_\_\_\_\_ Social Media \_\_\_\_\_ Mail \_\_\_\_\_

Please check all that apply.

---

**Please Mail Donations To:**  
**Butterflies BBI, 115-69 Farmers Blvd, St Albans NY 11412 Phone: 718 978-2527 Fax: 718 978-2528**

Email: [ButterfliesBBI.org@gmail.com](mailto:ButterfliesBBI.org@gmail.com)

[www.ButterfliesBBI.org](http://www.ButterfliesBBI.org)