

Hair Donation Form

**Thank you for choosing to donate your hair to help a child with alopecia areata gain back their confidence and self esteem.
 Please fill out this form and return it to AAAF with your hair donation.**

Name: _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Email: _____

Phone: _____ **D.O.B.** ____/____/____

E-Mail receipt to: _____

or Post Receipt to above address: Yes _____

Thank You Thank You Thank You Thank You Thank You Thank You

Mail the hair in a sealed envelope (special containers or insurance are not necessary)

to:

**AAAF - PO Box 5029 Frankston South
 Vic 3199**



We love to hear from you so please share your story and before and after photos with us at: info@aaaf.org.au



Thank You Thank You Thank You Thank You Thank You Thank You