



FINANCIAL CONTRIBUTION FORM

Please print, complete and send this form with your financial contribution. Please note.
to receive an acknowledgement may take up to 90 days.

DONOR INFORMATION (PLEASE PRINT OR TYPE)

NAME _____ PHONE _____
ADDRESS _____ SUITE/APT _____
CITY & STATE _____ AGE (IF MINOR) _____
ZIP CODE _____ TODAY'S DATE _____

CONTRIBUTION INFORMATION

I would like to donate: ___\$25 ___\$50 ___\$100 _____Other Amount

SPONSOR A SALEH HAIR FOUNDATION CHILD

_____ \$1050

PAYMENT TYPE: ___AMERICAN EXPRESS ___VISA ___MASTERCARD ___CHECK # ___MO

CREDIT CARD NUMBER: _____ EXP. DATE: _____

NAME AS IT APPEARS ON CARD: _____

Please make all checks or money orders payable to: *Saleh Hair Foundation*

COMMENTS _____

Thank you for your donation!

The Saleh Hair Foundation commits to all recipients on a LONG-TERM basis, allowing them to receive custom prostheses every 2 years. Because of these extended promises, our current financial obligation is many multiples of our annual expenses. While the number does not meet the current financial obligation to our women and children, our goal is to fulfill our promise of support.

TO ENSURE SAFE ARRIVAL, PLEASE DO NOT SEND DONATIONS IN LETTER SIZE ENVELOPES

Please mail your donation to:

Saleh Hair Foundation-

PO Box 1682, Cheektowaga, NY, 14225 Phone: 800-949-9028 -

Web: <https://salehhairfoundation.org/>

E-mail: info@salehhairfoundation.org