



Pledge Form

Locks of Love's mission is to return a sense of self confidence and normalcy to children suffering from hair loss by providing the highest quality hairpieces made from donated ponytails.

Hair Donor: _____

Address: _____

City/State/Zip _____

Phone #: _____ My goal is: \$ _____

Name	Address	City	State/Zip	\$ per Inch	Total Amount	Cash	Check

Inches Cut: _____ Total Collected \$ _____

Please note: Collecting monetary donations is not required to make a hair donation

Please do not hold checks for more than 30 days. Holding checks jeopardizes your donations.