



HAIRPIECE APPLICATION

Completed applications are reviewed within a few weeks. **Until all required documents are submitted, we cannot process the application.**

DATE: _____

CHILD'S INFORMATION

CHILD'S NAME: _____

First

Last

M.I.

ADDRESS: _____

Street Address

Apt #

City

State

Zip

DATE OF BIRTH _____

GENDER _____

ETHNICITY _____

PARENT/GUARDIAN'S INFORMATION

PARENT/GUARDIAN
NAME: _____

First

Last

Relationship to child

ADDRESS: _____

Street Address

Apt #

City

State

Zip

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL _____

HOW DID YOU HEAR ABOUT US? _____

REFERRED BY _____

REQUIRED DOCUMENTS TO INCLUDE:

MEDICAL

- Doctor's Diagnosis, can be faxed by doctor's office to us
- Photo of child without hairpiece or hat to help us with the custom fit. Please do not fax photographs.

FINANCIAL

- Parent/Guardian's most recent tax returns or
- Other proof of Income: Social Security, Welfare, Disability Income
- Other documents that verify extenuating financial circumstances

PERSONAL

- Two letters of recommendation from a parent, teacher, friend, coach etc. explaining why the child would benefit from a hairpiece.

MAIL YOUR APPLICATION: All applications should be sent **Certified Mail** or **Federal Express** to: **Case Manager**

LOL - HAIR DONATION GUIDELINES

PONYTAILS & BRAIDS ONLY

10” or longer, in a ponytail or braid, clean and dry

GUIDELINES FOR ACCEPTABLE DONATIONS

Anyone can cut your hair. We encourage all of our donors to go to a salon they are already familiar with to ensure their comfort when donating. Locks of Love is not a manufacturer of any type of hair replacement system or hair care product. As a charity and strictly a charity, we purchase the custom prostheses we provide free of charge to our recipients.

- 10 inches measured tip to tip is the minimum length that can be used in a hairpiece
- Colored or permed hair is acceptable. If you are unsure, you may send your hair with the understanding that our manufacturer determines the viability of all hair donations
- Hair cut years ago is usable if it has been stored in a ponytail or braid
- Any hair NOT bundled in a ponytail or braid, cannot be used. This includes hair swept off the floor or shaved without being bundled
- We cannot use dreadlocks as the process of blending hair donations together requires the hair must be combed
- Layered hair should be divided into multiple ponytails
- Curly hair may be pulled straight to measure the minimum 10 inches
- Shorter hair will be separated from the ponytails and may be sold to offset the manufacturing costs. Although the shorter hair cannot be used in the hairpieces, if sold, it greatly helps to reduce costs
- Gray hair may be sold to offset the manufacturing costs
- Because Locks of Love creates custom hairpieces for each child, we cannot use donations of wigs, falls, hair extensions or synthetic hair

HOW TO SEND IN A DONATION

In compliance with our privacy policy, *Locks of Love* does not release any information regarding the donations we receive but we do send out a thank you acknowledgement postcard which usually arrives within 90 days.

- Place your dry ponytail or braid in a resealable plastic bag
- Place resealable plastic bag in a padded envelope
- If you wish to receive our personalized thank-you card, please fill out the *Locks of Love* donation form, or we cannot acknowledge donors who do not send their name and address according to these instructions.
- Do not staple or wrap donation form around the bag
- Send to the address listed below: (If it is important to you to know when your package is delivered, you may want to send it with a tracking number)



HAIR DONATION FORM

Please complete, print and send this form with your donation. If you wish to send in photos of your donation, please e-mail them to photos@locksoflove.org with name & address.

DONOR INFORMATION (PLEASE PRINT OR TYPE)

NAME _____ PHONE _____

ADDRESS _____ SUITE/APT _____

CITY & STATE _____ AGE (IF MINOR) _____

ZIP CODE _____ TODAY'S DATE _____

EMAIL: _____

Please select how you would like to receive your acknowledgement (choose one)**:

MAIL _____ EMAIL _____

** Please note to receive an acknowledgment by mail may take up to 90 days. By selecting to receive an e-mail acknowledgment, *Locks of Love* will be able to send your acknowledgment more promptly.

CONTRIBUTION INFORMATION (OPTIONAL)

I would like to donate: _____\$25 _____\$50 _____\$100 _____ Other Amount



SPONSOR A LOCKS OF LOVE CHILD



_____ \$1250

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: *Locks of Love*

COMMENTS _____

Thank you for your donation!

Locks of Love commits to all recipients on a LONG-TERM basis, allowing them to receive custom prostheses, every 2 years until the age of 21. Because of these extended promises, our current financial obligation is many multiples of our annual expenses. Currently, we hold in unrestricted financial reserves approximately 8 times the annual expenses of 2017, (\$765,466) \$6,145,476. While the number does not meet the current financial obligation to our children, our goal is to fulfill our promise of support until each child reaches their 21st birthday.

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

Please mail your donation to: *Locks of Love* - 234 Southern Boulevard - West Palm Beach, FL 33405
Phone: 561.833.7332 - Fax: 561.833.7962 - Web: www.locksoflove.org - E-mail: info@locksoflove.org



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



I WOULD LIKE TO SPONSOR A LOCKS OF LOVE CHILD



_____ \$1250

PAYMENT TYPE: _____ AMERICAN EXPRESS _____ VISA _____ MASTERCARD _____ CHECK/M/O

CREDIT # _____ EXP. DATE: _____

NAME AS IT APPEARS ON CARD: _____

Please make all checks or money orders payable to: Locks of Love

COMMENTS _____

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REGISTRATION INFORMATION

IF YOU HAVE ANY QUESTIONS, PLEASE CALL LOCKS OF LOVE AT 561.833.7332
OR EMAIL VOLUNTEER@LOCKSOFLOVE.ORG

BROCHURES

Locks of Love can send informational brochures to distribute within your community so that you can raise awareness about your event and our mission. Please fill free to copy brochures as necessary.

LOGO

Once your salon or event is registered with *Locks of Love* name or logo may not be used on clothing or on items to be sold. The *Locks of Love* name or logo name or logo may not be used on personal or social networking web sites. Please use our banner link to show your support. Contact volunteer@locksoflove.org or call our office with any questions. *Locks of Love* must approve flyers and press release **before any event can be approved**. Please fax drafts with your event registration form.

PHOTOS

Locks of Love does not permit anyone to copy and use images from our website. We carefully protect the confidentiality of all our recipients and donors and their loved ones! You may submit pictures of your haircut or event to photos@locksoflove.org for possible use in our online photo gallery.

ACKNOWLEDGEMENT

Locks of Love wants to thank each donor. Please have each donor complete a hair donation form and send it to *Locks of Love* with their ponytail. Forms are included in this packet and are also available online. If you don't have a form, simply write the donor's name and address on a full size sheet of paper and send it with the donation. It may take as long as 90 days for the donor to receive a thank you card. If names and address are not included a thank you cannot be sent.

FUNDRAISING LEGALESE

If you are doing a fundraiser you must state the following on any flier and/or ticket sales. You also must state how much of the money collected will be donated to *Locks of Love*. This information can be in fine print and must be on every flier or someone could make a complaint to the Better Business Bureau against *Locks of Love*. *Locks of Love* must approve text of all fliers before any event is approved. Please include the following on all ticket sales and or fliers.

LOCKS OF LOVE IS A NOT-FOR-PROFIT ORGANIZATION PURSUANT TO SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION, NUMBER 60.40.207587.56c, MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1.800.435.7352 (IN FL) OR 1.850.488.2221 (OUTSIDE OF FL.) REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE, LOCKS OF LOVE RECEIVES 100% OF ALL CONTRIBUTIONS COLLECTED.

IF 100% OF MONEY COLLECTED IS NOT TO BE DONATED TO LOCKS OF LOVE, YOU MUST STATE THE ACTUAL PERCENTAGE THAT WILL BE CONTRIBUTED ON ALL PRINTED MATERIALS RELATED TO THE EVENT.

DISCLAIMER

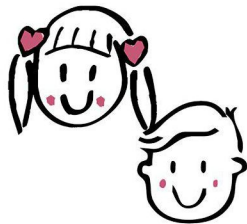
Locks of Love is a non-religious, non-political, not-for-profit entity. Further, *Locks of Love* does not take positions or align itself with any special interests. Any event taking place as part of a religious, political or any other special interest group does not reflect the views or opinion of *Locks of Love*.

Locks of Love's mission is to promote the well-being of children through its program of providing hairpieces. All events and fundraisers held on behalf of *Locks of Love* must uphold and reflect the mission and desire to help disadvantaged children,

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Locks of Love



SALON REGISTRATION FORM

ALL SECTIONS MUST BE COMPLETE AND LEGIBLE SO THAT YOUR SALON CAN BE REGISTERED. PLEASE CONTACT VOLUNTEER@LOCKSOFLove.ORG IF YOU DO NOT RECEIVE AN EMAIL WITHIN 1 WEEK.

Today's Date: _____

Name of Salon: _____

Multiple locations: NO YES : please send _____ decals

Salon Contact Person: _____

E-Mail: _____

Phone: _____ **Fax:** _____

Address: _____ **Apt:** _____

City, State: _____ **Zip:** _____

- I agree to offer a free blunt cut for donations of 10" or more to Locks of Love.
- I agree to send each hair donation and a completed donation form to Locks of Love.
 - Donation forms may be faxed to 561.833.7962 for prompt acknowledgement.
 - Hair may be sent later without the form.
 - Donors may ship their own hair & donation form if they wish.
 - Donors might want to use a service that provides a tracking number for the package.
- I agree to send financial contributions to Locks of Love promptly with donor information.
- I agree to post the Locks of Love decal to show that my salon is a participating salon.
- I understand that I have permission to use the Locks of Love name and logo in advertisements, flyers, and on my salon's official web site as long as my salon continues to participate.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____

TITLE _____

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IF YOU WISH TO SCHEDULE AN EVENT PLEASE COMPLETE AN EVENT REGISTRATION FORM.

Locks of Love



EVENT REGISTRATION FORM

ALL SECTIONS MUST BE COMPLETE AND LEGIBLE WITH DRAFT PUBLICITY ATTACHED BEFORE PERMISSION TO USE THE LOCKS OF LOVE NAME AND LOGO CAN BE PROVIDED. PLEASE CONTACT VOLUNTEER@LOCKSOFLove.ORG IF YOU DO NOT RECEIVE APPROVAL WITHIN 1 WEEK.

Today's Date: _____

Date of Event: _____ Name of Event: _____

Event organizer: _____

Parent Sponsor: _____

E-mail: _____

Phone #: _____ Fax: _____

Address: _____ Apt: _____

City, State: _____ Zip: _____

Location of event: _____

E-mail: _____

Address: _____

City, State: _____ Zip: _____

Will your event be collecting Hair Donations? YES NO

- Send all hair donations to *Locks of Love*.
- Send a completed Hair Donation Form for each donor who wants acknowledgement.
- Be sure tht all donations comply with Hair Donation Guidelines.
- Please include additional details regarding hair collection plans on a seperate sheet and fax the form to 561.833.7962.

Will your event be collecting Financial Contributions? YES NO

- Send 100% of all donations collected to *Locks of Love*.
- Include a completed Financial Contribution Form for each donor who wants acknowledgement.
- Checks should be made payable to Locks of Love and sent promptly so that they can be deposited within 3 months.
- Send a money order or cashiers check made out to *Locks of Love* to cover cash donations collected.
- Please include additional details regarding financial collection plans on a seperate sheet and fax wuth this registration form.

Publicity?

- Flyers: Please attach draft for review and approval .
- Press Release: Please attach draft for review and approval.
- Media: Please list all TV, radio, and news coverage that you expect.

SIGNATURE (parent or sponsor if organizer is a minor): _____



PRESS RELEASE

FOR IMMEDIATE RELEASE

CONTACT NAME: _____ **PHONE #** _____

LOCAL GROUP EFFORTS BENEFIT LOCKS OF LOVE

WHO: _____ **WHAT:** _____

WHERE: _____ **WHEN:** _____

EVENT DETAILS: _____

This event will benefit *Locks of Love*, a public non-profit organization that provides vacuum fitted hairpieces to financially disadvantaged children suffering from long-term medical hair loss from any diagnosis. They meet a unique need for children by using donated human hair to create the highest quality hair prosthetics. Most of the children help by *Locks of Love* have lost their hair due to a medical condition called alopecia areata, which has no known cause or cure. Others have suffered severe burns or injuries or endured radiation treatment to the brain stem or other dermatological conditions that result in permanent hair loss. The vacuum fit is designed for children who have experienced a total loss of scalp hair and does not require the use of tape or glue. The prosthesis they provide help to restore self-esteem and confidence, enabling these children to face the world and their peers.

The organization, which began operation in 1998, provides the prosthesis to **children under age 21**. These hairpieces require between **6-10 ponytails** and take approximately **4-6 months to manufacture**. Thousands of bundles of donated hair arrive as a result of the national publicity that *Locks of Love* receives in newspapers, magazine, and television programs. It is estimated that children comprise over 80% of the donors, making this a charity where children have an opportunity to help children.

Donated hair is evaluated for its usefulness according to the following guidelines:

- It must be at least 10", clean and dry.
- It must be bundles in a ponytail or a braid.
- Bleached hair cannot be used.
- Hair that has been dyed or permed can be used.

Monetary donations to *Locks of Love* are tax deductible.

For more information, please email the Events Coordinator at volunteer@locksoflove.org

234 SOUTHERN BLVD. WPB, FL 33405 PHONE 561.833.7332 - FAX 561.833.7962



MEDIA TIPS

TIPS FOR GETTING THE MEDIA INVOLVED IN YOUR EVENT.
PLEASE SEND ALL PRESS RELEASE TO LOCKS OF LOVE FOR
APPROVAL VIA EMAIL TO VOLUNTEER@LOCKSOFLove.ORG
 OR FAX TO 561.833.7962

PRE-EVENT TO DO:

- Complete a Pre-Event Press Release.**
- Send Pre-Event Press Release to *Locks of Love* for approval**
- Contact Local TV, Radio and/or Newspapers**
- Check for correct media contact information**
- Send approved Pre-Event Press Release to media contacts**
- Call and confirm Pre-Event Press Release was received**
- Follow up a couple of days prior to remind them about the event**

POST-EVENT TO DO:

- Complete a Post-Event Press Release**
- Send Post-Event Press Release to *Locks of Love* for approval**
- Include in Post-Event Press Release "Fun Facts":**
(Choose exciting pictures of event participants)
 - Longest Ponytail collected
 - Total Inches / Feet collected
 - Amount of money raised
 - Quotes from donors
 - Pictures of event participants
 - Youngest person to donate
- Remember to ask permission to use names and pictures of individuals included in your Post-Event Release**

Send approved Post-Event Press Release to media contacts

PLEASE NOTE:

Locks of Love only has one office located in West Palm Beach, FL. For this reason, representative are not available to attend events. Our Communications Director would be happy to provide further assistance with the media (i.e, interviews, quotes) via email or telephone at the number listed below.



POST EVENT REPORT

ONCE YOUR EVENT IS CONCLUDED, PLEASE COMPLETE AND INCLUDE THIS FORM WITH YOU PONYTAIL(S) AND FINANCIAL DONATION(S) TO RECEIVE A CERTIFICATE OF APPRECIATION FOR YOUR SALON/EVENT.

Today's Date: _____

CONTACT INFORMATION

EVENT/SALON COORDINATION: _____ **PHONE:** _____

ADDRESS: _____ **PHONE:** _____

CITY/STATE/ZIP: _____ **FAX:** _____

EMAIL: _____

SALON/EVENT INFORMATION

EVENT/SALON NAME: _____ **PHONE:** _____

ADDRESS/LOCATION: _____ **PHONE:** _____

CITY/STATE ZIP: _____ **FAX:** _____

DONATION INFORMATION

PONYTAIL COLLECTED: _____ **TOTAL RAISED:** _____

FINANCIAL DONORS _____ **YES**

_____ **NO**

POST EVENT NOTES

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- Please complete and send in all Donation forms so we can thank each donor.
- Please do not attach forms to donations. Simply include them in your package along with this report and any financial contributions which you have collected.



IN-KIND DONOR FORM

THIS FORM IS NOT FOR PONYTAIL DONORS!

- Event organizers are responsible for sending thank you letters to donors who contribute food or services in support of their event to benefit *Locks of Love*.
- Anyone wishing to remain anonymous may do so.
- You may photocopy this sheet if you need more than one page.
- The Locks of Love Tax ID # is available at www.locksoflove.org/financial.html
- You may send a copy of this form to *Locks of Love* if a donor would like to receive a thank you card from *Locks of Love*

CONTACT INFORMATION

EVENT/SALON COORDINATOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____ FAX: _____

SALON/EVENT INFORMATION

EVENT/SALON NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____ FAX: _____

IN -KIND DONOR INFORMATION

IN-KIND DONOR NAME: _____

ADDRESS: _____

CITY/ZIP: _____

EMAIL: _____ FAX: _____

ITEM(S) DONATED: _____

ESTIMATED VALUE \$: _____

DONOR'S SIGNATURE: _____ DATE: _____

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