



Donations

Please fill out the following by printing it out or providing the information on a piece of paper. Then send it in with the donation. Thank You Very Much

Name: _____
(Last) (First) (Middle)

Address: _____
Street Apt #

_____ City State Zip

Date of Birth: _____ Best Phone Number: _____ - _____ - _____

Email : _____ How did you hear about us: _____

Has Your Hair Ever had **Bleached** YES NO How Old is Your Hair _____
(When) (Years)

Would you like to meet or be informed of who gets your hair if available Yes No

Contribution Information (opitonal)

I would like to donate: \$25 \$50 \$100 \$1000 Other Amount

Payment Type: Visa Master American Express Check # MO

Credit card number: _____ Exp. Date: _____

Name as it appears on card: _____

Please make all checks or money orders payable to: Dreads For Friends llc

***PLEASE TELL US ABOUT YOUR DREADS!!!**

****Tell us about your dreads and your story! 1.Where have you traveled 2.What do you do 3.How old are they 4.If they have any thing in them whats its meaning 5.Whats your favorite thing in the world 6.Every thing else

Feel Free to Fill up the back as well----->

Please send all mail to:
DREADS FOR FRIENDS
P.O. BOX 1696 BOISE, ID, 83701
Website: www.DreadlocksOfLove.org Email: info@DreadsForFriends.com