

Wigs of Hope Application Form

I am so sorry that your loved one has been diagnosed with cancer or any medication reason that caused hair loss. We understand how frightening and suffers during the chemotherapy. Well, you're not alone. We're not a big organization but we are trying to dedicate our little help to you or your loved one by giving out 3 FREE Wigs, we hope it helps you all to get through this difficult period.

To apply for free Wig from our " Wigs of Hope " campaign, please read the entire page of terms to meet the criteria, and complete the following form and email to us. We will notify you if you are selected.

We wish the recipient the very best in her treatment! Sending you our strength and prayers!

Wigs Applicants Full Name (required) : _____

IC No: (eligible for Malaysian only) : _____ **Date of Birthday (required) :** _____

Email Address: _____ **Mobile Contact No:** _____

House Address: _____

To whom the wigs ? Friends / Family member / Applicant

Kindly complete the following if the recipient is not applicant.

Please provide the recipient's full name : _____

Please provide the recipient's IC No: _____

Please provide the recipient's Contact No: _____

Please provide the recipient's Email address: _____

Please provide the recipient's House address: _____

Your relationship with the recipient: _____

Tell us why you / recipient needs a wig? _____

If under 21, please state the name of the legal guardian (required):

Yes, I allow and authorize Hair Menu Wigs (*Shaw Creations Sdn Bhd*) to share my story, name, " before & after "pictures, video for any online social media platforms or prints to help bring awareness and spread the word of this wonderful cause.

Yes, I am the LEGAL PARENT or GUARDIAN of the Hair Menu Wigs recipient I allow and authorize Hair Menu Wigs (Shaw Creations Sdn Bhd) to use & share My family / My friend/ My child's story, name, " before & after "pictures, video for any online social media platforms or prints to help bring awareness and spread the word of this wonderful cause.

By submitting this form I verify that I am the recipient or LEGAL PARENT or GUARDIAN of the Hair Menu Wigs recipient and understand the terms described to me. I authorize Hair Menu Wigs (Shaw Creations Sdn Bhd) its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hair Menu Wigs (Shaw Creations Sdn Bhd) may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, and web content. I have included my NAME AND PHONE NUMBER for verification.

My name and phone number are provided below for verification and will be considered as my electronic signature upon the submission of this form.

NAME:

CONTACT NO:

SIGNATURE :