Wig Gifting Application

Please complete all required fields and save the PDF before returning it.

APPLICANT INFORMATION

Full legal name *

Age *

Pronouns (optional)

Street address *

City *

Province *

Postal code *

Email address *

Telephone number *

YOUR STORY

Reason for entering / short biography of your journey *

Share only what you feel comfortable telling us. This information helps us understand your journey.

Current stage of treatment or hair-loss journey (optional)

- [ ] If chosen, I am able to travel to Kingsville, Ontario for a fitting/experience.
- [ ] I currently reside in Canada.

** Required field. Completing this application does not guarantee selection as a recipient.*

Photo, Story & Media Consent

Your dignity and comfort matter. Please select the permissions you are comfortable granting.

JOURNEY PHOTOS

Please attach clear photos showing your hair-loss journey when you return this form. Photos may include before hair loss, during treatment or hair loss, and your current hair. Do not place sensitive medical records in the photos.

- [ ] My photos are attached separately with this completed form.

Photo file names or notes (optional)

CONSENT CHOICES

Please check each item you agree to. Leaving a box unchecked means Wigs of Hope does not have permission for that use.

- [ ] I consent to Wigs of Hope reviewing my submitted photos for recipient selection.
- [ ] If chosen, I consent to Wigs of Hope using approved photos to share my journey.
- [ ] If chosen, I consent to Wigs of Hope sharing my approved story or excerpts from it.
- [ ] If chosen, I consent to being photographed and/or videoed during my Wigs of Hope experience.
- [ ] I consent to approved content being shared on Wigs of Hope social media and promotional materials.
- [ ] I consent to my first name being used with approved content.
- [ ] I would like Wigs of Hope to send me the selected photo/video content for approval before posting.

ACKNOWLEDGEMENT

I understand that participation is voluntary, there is no payment or compensation for approved use, and I may withdraw permission for future use by contacting Wigs of Hope. Withdrawal cannot undo material that has already been published or shared. I confirm that the information I provided is accurate to the best of my knowledge and that I have the right to submit the attached photos.

- [ ] I have read and agree to the acknowledgement above.

Applicant signature (type full name) *

Date (YYYY-MM-DD) *

Parent/guardian name and signature (required only if applicant is under 18)

Return this completed form and your photos to Wigs of Hope. Please save a copy for your records.

Wig Cap Size & Preferences

Use a soft measuring tape. Keep it snug against the head without pulling tightly.

CAP SIZE

- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] Unsure - please help me measure

HEAD MEASUREMENTS

Measure in inches if possible. If you are unsure, leave the measurements blank and select 'Unsure' above.

Head circumference	Around the hairline and nape	in
Front to nape	Centre forehead to the nape	in
Ear to ear over top	From one ear, over the crown, to the other ear	in
Temple to temple	Around the back of the head	in
Nape width	Across the base of the hairline	in

WIG PREFERENCES

Preferred colour(s)

Preferred length

Current hair colour / natural colour

Texture preference

Comfort, sensitivity, or cap-fit concerns

For example: sensitive scalp, silicone sensitivity, glasses, hearing devices, or pressure concerns.

Anything else you would like us to know?